

GAMBLING PERMIT USAGE REQUEST

CAMPUS ORGANIZATION ACCOUNTING

PLEASE NOTE: THIS FORM MUST BE SUBMITTED TO THE CAMPUS ORGANIZATIONS ACCOUNTING OFFICE, 1580J MEMORIAL UNION, AT LEAST TWO (2) WEEKS PRIOR TO YOUR EVENT OR ATTACHED TO YOUR ONLINE EVENT AUTHORIZATION REQUEST. <http://www.events.stuorg.iastate.edu/> YOU WILL RECEIVE EMAIL CONFIRMATION WITH ANY ADDITIONAL POLICIES TO FOLLOW

Name of ISU Department or Student Organization:	ISU Program Worktag:
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Type of Event to be held:

Date(s) of Event:

Start Date:	End Date:
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Prizes or gifts to be awarded: (please list prizes/gifts and value of each on the back of this form)	Total Value of prizes/gifts
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Approval obtained from the Event Authorization Committee? Yes _____ No _____
 Please see: <http://www.events.stuorg.iastate.edu/>

Location of raffle ticket sales & award: (ex: ISU Campus; Ames; Story County)

Cost of Tickets:	Total number tickets sold at each rate: (to be furnished to COA after event)
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Funds raised to be used for

Campus Organization Advisor & Treasurer: We hereby verify the validity of this raffle request in regards to appropriateness & length of raffle. We acknowledge that this raffle may be subject to investigation or audit by the university auditors and/or Department of Public Safety. We are also aware that ticket sales or event may not occur before authorization has been issued by Campus Organizations Accounting

We certify that we have examined this application, and to the best of our knowledge and belief, the information is true, correct, and complete.

Department requester or
 Organization Treasurer: _____
Signature Phone

Department chair or
 Organization Advisor: _____
Signature Phone

Signatures on this form may not be delegated, stamped, or digitally signed

PRIZE OR GIFT

Check Mark
if item was
donated

VALUE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Request approved by Campus Organization Accounting:	
Date _____	By _____