

Request for Event with Financial Activity -Revised August 4, 2016

Complete this Request if you will have an event that involves the collection of funds and /or payment of expenses from fees, fundraising, donations, church funds, etc. Attach event information provided by the event host. Submit this to the Business Manager for review as you plan the event and prior to scheduling and publicizing the event.

Name of Parish Ministry/ Organization _____

Contact Person(s) _____

Phone Number(s) _____ email _____

Name of Event _____

Date(s) of the Event _____ Event Location _____

Key Dates for Planning

Is an Early Discount Rate offered? Yes No

Dates: Early Bird Other

Date event payment is due to event host. (A) _____

SEAS check payment will be made 10 days prior to (A) date. (B) _____

All fees, etc.to be received/deposited 15 days prior to (A) date.(C) _____

Note: Our standard is to take advantage of the Early Discount rate for Church-paid expenses. (B) and (C) dates may be considered for adjustment due to holidays, method of registration if other than online, and if check payment to host is hand delivered rather than mailed.

Financial Activity

The requesting Parish Ministry/Organization agrees that all fees, donations, etc. for the event are to be received and deposited by Date (C). *Please plan your registration timeframe accordingly.*

Will online payment (Event U) be used for registration and payment of fees? Yes No

Fundraising Yes No Will there be product or item sales? Yes No

Timeframe of Fundraising _____

How will funds be raised _____

Intended Use of Funds raised _____

Projected Participation

	# Attendees /Cost	Revenue	Expenses
• Early Bird	_____	_____	_____
• Standard	_____	_____	_____
• Late	_____	_____	_____
Church Staff	_____	_____	_____
Chaperones*	_____	_____	_____
Scholarships	_____	_____	_____
Individual Assistance	_____	_____	_____
*Ratio of chaperones required by event:	_____	Our event ratio:	_____

Account Control Complete your expected budget for the event. Check sources to be used.
The Business Office will determine the Account Numbers.

	Account Number	Amount
___ Event Fees	_____	_____
___ Fundraising	_____	_____
___ Donations	_____	_____
___ Scholarships	_____	_____
___ Church Program	_____	_____
___ Individual Assistance	_____	_____
___ Stipends	_____	_____
___ Transportation	_____	_____
___ Event Food		
Paid at registration	_____	_____
___ Other	_____	_____
___	_____	_____
___	_____	_____

Chaperones / Volunteers

Chaperone/volunteer list(s) must be provided to the Safe Environment Coordinator prior to Check Request submission to provide adequate time to verify the training and so that we only pay for those who are cleared/approved.

The Safe Environment Coordinator will also prepare a letter for all events, both external and internal to the Parish, identifying to the Pastor the Chaperones/volunteers that have met the training requirements to participate in the event. The Pastor will sign the letter for all events. The letter will be prepared no later than 72 hours prior to the event; earlier if required by the event.

Event Payment

Event Payment is being made to: _____

Our standard method of payment is by Check Request. Approval by Pastor/ Business Office is required in advance for payment by credit card.

With your Check Request, attach the following:

- The Event Payment Summary Worksheet
- A copy of the complete Event U registration report, showing date/time registered, etc.
- A copy of your event spreadsheet that clearly shows chaperones, staff, attendees, scholarship, individual assistance, etc.

Event Policy on Refunds and Cancellations: _____

Transportation.

Contracts for busses need to be submitted for approval in a timely manner. Driving personal vehicles is not allowed unless the drivers are in compliance with the Diocese Driving Policy.

Event Final Report

The requesting Parish Organization agrees to the Post-Event Financial Wrap-up clearly detailing the event revenue, expenses, refunds and including supporting documents such as Event U registration lists, attendee lists, and PDS reports, all event receipts, etc. no later than 7 days after the date of the event for audit purposes. Reports not changed do not need to be resubmitted, but need to be referenced as "no change from previous submittal. If credit cards are used for payment or expenses, the original receipt and one copy must be turned in.

Other Notes: _____

Requested by: _____ Date: _____

Supervisor Approval: _____ Date: _____

Business Manager Approval _____ Date: _____

Post-Event Financial Wrap-up

Revenue

Account Number	Description	Amount	Remarks (if needed)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Revenue		_____	

Expenses (Identify all expenses associated such as stipends, transportation, food, materials, supplies, individual assistance, credit card fees at 4% of revenue, etc.)

Account Number	Description	Amount	Remarks (if needed)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Expenses		_____	
Event Loss/Gain		_____	