

Event Form

ASSOCIATED STUDENTS OF MODESTO JUNIOR COLLEGE

Date Originated: _____

NUMBER: _____

Advisor: _____

Organization/
Club _____

Estimated Cost: _____

Event Date(s): _____

Event Name: _____

Location of the Event: _____

Time Starts: _____ Time Ends: _____ Set Up Time to Begin: _____ Clean Up Completed: _____

Contact Name & Number: _____

Type of the Event: Fundraiser* Promotional event Other Describe: _____

*For Fundraising events a **Fund Drive Form** must be submitted to the Facilities Office prior to the event (Form is available for pick-up at the Facilities Office)

Will you need to make special site accommodations for any attendee? Yes No If yes, Please describe: _____

Facility Requested: _____ Speaker/Entertainer: _____

Type of Transportation Requested: _____ Date/Time Leaving: _____ Date/Time Returning: _____

Equipment Needed: _____ Destination: _____

Facilities Approval	Date	
Food Services	Date	Media Services _____ Date _____

ASMJC/Club President

Date

Club Advisor (if applicable)

Date

Associate Dean of Student Services

Date

Dean of Student Services (if applicable)

Date

PREPAY INFORMATION

DATE NEEDED	PREPAY DESCRIPTION	PAYEE/VENDOR - NAME & ADDRESS	AMOUNT

FOR OFFICE USE	PAYEE/VENDOR NAME	DATE	CHECK NUMBER	AMOUNT

REIMBURSEMENT INFORMATION:

PAYEE/VENDOR-NAME & ADDRESS	AMOUNT	CHECK NUMBER	CHECK DATE

I/we hereby certify that this is a true and correct statement of expenditures incurred for the purpose indicated above.

Signed

Amount

Date

Signed

Amount

Date

Account Number(s)

Amount

**Final
Approval**

Grand Total	
Less: Prepaid	
Reimbursements	

Associate Dean of Student Services	
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