



Charitable Contributions Required Approvals

To be attached to expense report

Benefiting Non-Profit Organization: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

Description of the Contribution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Department/Student Organization: \_\_\_\_\_

COA String and POET Information: \_\_\_\_\_

\_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Requester email address: \_\_\_\_\_  
(Requester to forward form to Student Org advisor for approvals)

Advisor Approval: _____	Date: _____
Dean Approval: _____	Date: _____
Provost (or designee) Approval: _____ (Donations over \$1,000)	Date: _____