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

Grand Total	
Less: Prepaid Reimbursements	
Final Approval	
Associate Dean of Student Services	

Account Number(s)	Amount

FOR OFFICE USE ONLY

Campus Life & Student Learning

Received on: _____ Submitted on: _____

Received by: _____ Submitted by: _____

FORM: **AS-109** Revised: **11/29/18**