



IUPUI

OFFICE OF AUXILIARY SERVICES

DIVISION OF FINANCE AND ADMINISTRATION
Indiana University-Purdue University
Indianapolis

DONATION/DISCOUNT REQUEST FORM

STUDENT _____ FACULTY _____ STAFF _____ OTHER _____ (check one)

ORGANIZATION/DEPARTMENT NAME: _____

CONTACT NAME: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

EVENT NAME: _____

EVENT DATE: _____ EVENT LOCATION: _____

ESTIMATED ATTENDANCE: _____

OPEN TO THE PUBLIC? YES _____ NO _____ (check one)

FUNDRAISER? YES _____ NO _____ (check one)

WHAT IS THE PURPOSE OF THE EVENT FOR WHICH THE DONATION/DISCOUNT IS REQUESTED?

WHAT IS THE REQUEST? (Please be specific indicating product or service requested, dollar amount or value, in-kind exchange, full or partial discount, etc.)

PLEASE DESCRIBE THE VALUE OF YOUR REQUEST TO THE UNIVERSITY - WHY SHOULD AUXILIARY SERVICES APPROVE THIS DONATION/DISCOUNT REQUEST?

RESPONSE NEEDED BY: _____

PLEASE SCAN AND EMAIL TO AUX@IUPUI.EDU or FAX TO 317-278-8176

FOR OFFICE USE ONLY: APPROVED DISAPPROVED DATE: _____ INITIALS: _____