## Raffle, Prizes, and Awards Request Form

Unit Name:	Unit Contact: (Individual responsible to inquiries related to the raffle, prize, or award)
	Name :
	Phone:
	Email:
Proposed raffle start date:	Proposed raffle end date:
Proposed raffle drawing date:	Name of the person presenting prizes/awards:
Business purpose:	
Description of the prizes or awards:	
Value of the prize or award:	Cost per ticket:
'	
Are the winnings over \$600?	Are the winnings over 300 times the price of the raffle ticket?
□ Yes □ No	□ Yes □ No
If yes to <b>BOTH</b> , then submit the winners name, SSN, and at the drawing.	ddress to Accounting for W2-G generation within 5 days after
Name of employee(s) collecting cash	Name of employee(s) making deposits
Deposits are made:	Name of employee(s) reconciling receipt, unsold tickets and cash:
☐ Daily ☐ Weekly	
Requesting Unit	Signature/ Date
Head Department Approval	Signature/ Date
Vice Chancellor, Finance and Operations/ CFO Approval	Signature/ Date

## Note:

- Purchases will be conducted in accordance with the University Policy # 22307 Awards, Gifts & Prizes