

## Student Engagement Services

Sponsorships & Revenue

ASWSU | CCE | CFSL | CSOL | GPSA | SEB | Student Media

## Please fill out all information completely! Return this form to getinvolved.finance@wsu.edu.

Please use this form when a supplier/vendor is giving funds to a WSU department/group that is under the Student Engagement Services/CSOL umbrella. This form can also be used when one of our groups is giving/receiving funding to another WSU department/group. The SES Fiscal Team will submit an accounting journal/adjustment for a prior purchase made by a WSU department/group or to simply transfer the approved sponsorship funds (WSU policies need to be followed). We will work with the sponsor and donor to determine the best way to accommodate the sponsorship. If a supplier/vendor is mailing a check to WSU, please ask them to mail it to: WSU Student Engagement Services, ATTN: Fiscal Team, PO Box 647204, Pullman, WA 99164-7204, payable to Washington State University (for e-check payment, send to getinvolved.finance@wsu.edu). If a supplier/vendor would like to set-up ACH payments with WSU, ask them to complete & submit an Electronic Funds Transfer Authorization form to getinvolved.finance@wsu.edu. The form is located at <a href="https://policies.wsu.edu/prf/documents/2024/10/30-28-eft-authorization-international.pdf/">https://policies.wsu.edu/prf/documents/2024/10/30-28-eft-authorization-international.pdf/</a> (international based). Please allow at least 3 weeks for processing time. RSOs, please contact <a href="mailto:cougarcard@wsu.edu">cougarcard@wsu.edu</a> for your account status.

NOTE: WSU is <u>not</u> allowed to donate funds to charities or groups (but "goods" can be purchased and donated).

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Requester's Name:		Phone/		Today's Date:	
		Email:			
Committee/Project Name:				Amount	
				\$	
Name of Event/Program:				Date(s) of Event:	
Name of Department/Vendor					
TO RECEIVE sponsorship/reve	enue \$				
Contact Name					
Contact Email					
Contact Phone					
WSU Program/Gift Account #					
(if applicable)					
No. of Control of the	.				
Name of Department/Vendor					
TO PAY for sponsorship/revenue \$					
Contact Name					
Contact Email					
Contact Phone					
WSU Program/Gift Account #					
(if applicable)					
NOTE: Please attach an ei	mail con	firmation or any suppoi	rting documents regardin	g the sponsorship a	ıward.
Additional Notes:					
Approvals		Print/Type Name	Signatur	e	Date
Committee Chair or Finance Chair:					
Advisor:					