

## SPONSORSHIP REQUEST FORM

REQUESTOR	INFORMATION:											
Activity/U	nit:		Date:									
POC:												
Receipt of funds:												
Additional	Information:											
EVENT INFOR	RMATION:											
Event Nam												
Purpose of Funds:												
Amount Re	equested:		Event Date:									
		'										
Accounting Information: Please list each expense for this event and note which cost center the expense was charged to												
COMPANY	COST CENTER	LOCATION	DEPARTMENT	ACCOUNT	APF	CHANNEL	PROJECT	INTERCOMPANY	FUTURE1	FUTURE2	AMOUNT	
(XXX)	(XXXX)	(XXXXX)	(XXXX)	(XXXXXX)	(XXX)	(X)	(XXXXXX)	(XXX)	(XXXXX)	(XXXXX)		
								<u> </u>				
								IN	VOICE AMOUN	IT TO BE PAID:		
AUTHORIZAT	ION:											
Authorizin	g Signature:		Date:  (MCCS QUM/QUX/HHM Sponsorship Office)									
			(MCCS)	цим/цих/ннм зр	onsorsnip Of	rice)						
Printed na	me:	-	<del></del>									
Title:			Phone:									
FINANCE OFFICE USE ONLY												
Received b	ov:											
	ip Posting date:		Transaction #:									
Notes:					-			30000.011 //				
		_										