

After completing the form, return to IRET by scanning and emailing, faxing, or mailing to the contact information listed above

date of request _____ / _____ / _____

organization name _____

address _____

contact person _____

phone _____

email _____

name of event _____

amount requested _____

date of event _____ / _____ / _____

describe your request _____

date request is needed _____ / _____ / _____

By completing this form, I acknowledge my request adheres to the IRET Corporate Sponsorship Guidelines and Policies. Initial Here _____

Please Submit Request Minimum Two Weeks Prior to Event

For Internal Use Only

Date Received _____ Amount _____ Approved _____ Declined _____

Accounting Code 7140 - Advertising Exp 7150 - Contributions

Check Requested By _____ Date _____

Approved By _____ Date _____