

NAME _____ EXT _____
Departmental employee responsible for routing the form.

SPECIAL ACTIVITY/FUND RAISER CLEARANCE

DEPARTMENT NAME _____

DESCRIPTION OF SPECIAL ACTIVITY _____

IS THE EVENT'S PURPOSE TO RAISE FUNDS FOR THE CITY OF NEW ORLEANS?

YES _____ NO _____

DATE & TIME OF EVENT _____

NAME OF ORGANIZATION SPONSORING THIS ACTIVITY _____

DESCRIPTION OF CITY INVOLVEMENT _____

ESTIMATED COST TO CITY _____

ARE FUNDS BUDGETED? YES _____ NO _____

ANTICIPATED REVENUES? YES _____ NO _____

IF YES, ESTIMATED REVENUES _____

DEPARTMENTAL RECOMMENDATION _____

DATE

SIGNATURE, DEPT. DIRECTOR

PHONE NO.

(1) _____ APPROVED _____
ASST. CAO FOR MGT, AUDIT, SPEC. PROJ. _____ DATE _____ DISAPPROVED _____

(2) _____ APPROVED _____
MAYOR'S EXEC. ASSIST. FOR HUMAN RESOURCES _____ DATE _____ DISAPPROVED _____

(3) _____ APPROVED _____
DIRECTOR OF MAYOR'S OFC. OF PUBLIC INFO _____ DATE _____ DISAPPROVED _____

SPECIAL ACTIVITIES REPORT

NOTE: A separate form should be completed for each different activity.

I. GENERAL INFORMATION

Department Name _____

Activity Description _____

Time Period: From _____ To _____

Type of Activity (Place a check by applicable category)

One Time Event	_____	Cyclical Event	_____
City Sponsored	_____	Outside Request	_____
Budgeted Even	_____	Un-budgeted Event	_____

II. CLASSIFICATION OF EXPENDITURES

A. Personal Services: (Total of 1 & 2 below) \$ _____

1. Regular Time \$ _____

2. Overtime \$ _____

B. Contractual Services: \$ _____

C. Supplies & Materials: \$ _____

D. Equipment & Property: \$ _____

TOTAL EXPENDITURES \$ _____

III. REVENUES

TOTAL REVENUES \$ _____

EXPLANATION OF SOURCE OF REVENUES _____

IV. MANPOWER EXPENDED

No. of Employees _____

No. of Manhours _____

V. COMMENTS: _____
