

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
WORKPLACE CHARITABLE GIVING COMMITTEE
REQUEST FOR AUTHORIZATION

BRIEF DESCRIPTION OF ACTIVITY

TIMELINE FOR ACTIVITY

RESPONSIBLE INDIVIDUALS

Print Name	Signature	Date
Print Name	Signature	Date

DMH AUTHORIZATION

_____, Director	Date

RESULTS CERTIFICATION

AT COMPLETION OF THE ACTIVITY, COMPLETE PAGE TWO.

FILE BOTH PAGES WITH THE DMH WORKPLACE CHARITABLE GIVING COMMITTEE TO REPORT AND CERTIFY THE RESULTS, INCLUDING THE QUANTITIES OF ANY INVENTORY BEFORE AND AFTER THE EVENT, THE QUANTITY OF INVENTORY SOLD, THE AMOUNT OF ANY MONIES COLLECTED, AND THE DISPENSATION OF ALL DONATIONS.

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ORIGINAL INVENTORY:

(Before the Event)

INVENTORY ON HAND:

(After the Event)

INVENTORY SOLD:

MONIES COLLECTED:

FINAL DISPENSATION:

WE CERTIFY THE RESULTS OF THIS ACTIVITY:

Print Name

Signature

Date

Print Name

Signature

Date