



Purpose: To request pre-approval/payment for sponsorships of sales-producing firms and territory specific events not included in XM. A check request may accompany this form.

Sponsorship Rules and Procedures:

- The maximum paid is \$100 per guest for all expenses, unless approved by the CEO.
Gratuity will be reimbursed at a 20% cap. Large groups or country clubs with a set gratuity will be reimbursed at a 22% cap.
If total amount is \$10,000 or greater, request must be pre-approved by Finance and the President PRIOR to commitment of payment.

NAME OF REP/FIRM: _____

PRIOR YEAR PRODUCTION: \$ _____ CURRENT YEAR PRODUCTION: \$ _____

PURPOSE/NAME OF EVENT: _____ DATE OF EVENT: _____

TOTAL COST OF EVENT (Including XM amount): \$ _____
*Attach an itemized list of all event costs (lodging, printed material, giveaways, speakers, food, entertainment, etc.)

CURRENT INVOICE AMOUNT TO BE PAID: \$ _____ IS THIS INCLUDED IN THE ANNUAL BUDGET? [] YES [] NO

IF YES, WHAT BUDGET CENTER IS ITEM BUDGETED UNDER? _____ AMOUNT BUDGETED: \$ _____

WHAT DEPARTMENT ACCOUNT NUMBER SHOULD BE CHARGED: _____ TOUCHSTONE ONLY: [] Client Event [] FA Event

IF AVAILABLE INCLUDE OR MARK TBD

NUMBER OF ASSOCIATES IN ATTENDANCE: _____
NAME OF ASSOCIATES IN ATTENDANCE:

[] Please check here if there are more than 5 guests and attach all names on a separate sheet.

- 1. _____
2. _____
3. _____
4. _____
5. _____

NUMBER OF OUTSIDE GUESTS: _____
NAME AND RELATIONSHIP OF INDIVIDUAL GUESTS:

[] Please check here if there are more than 5 guests and attach all names and relationships on a separate sheet.

- 1. _____
2. _____
3. _____
4. _____
5. _____

NOTE: PLEASE PROVIDE LIST OF ALL ATTENDEES.
MINIMUM REQUIRED: NAME OF ALL ADVISORS AND NUMBER OF CLIENTS OF ADVISORS IN ATTENDANCE MUST BE LISTED.

If available attach the following with this request:

PLEASE CHECK IF ATTACHED. *If any items listed are not available, please include when submitting invoice/check request.

- [] AGENDA (REQUIRED FOR CONFERENCES OR MEETINGS)
[] RECEIPTS/INVOICES (ORIGINAL IS MANDATORY WHEN PAYMENT IS SENT DIRECT TO A VENDOR)
[] LETTER OF INSTRUCTION (MUST BE SIGNED AND ON COMPANY LETTERHEAD)
[] ATTACH CHECK REQUEST FORM (IF REQUIRED)

SPECIAL PAYMENT INSTRUCTIONS / ADDITIONAL COMMENTS: _____

REQUESTOR: _____ DATE: _____

COMPLIANCE PRE-APPROVAL: _____ DATE: _____
(TOUCHSTONE ONLY - REQUIRED FOR ALL SPONSORSHIP REQUESTS EXCEEDING \$500)

CHANNEL HEAD APPROVAL: _____ DATE: _____

WSFGD / TOUCHSTONE PRESIDENT PRE-APPROVAL: _____ DATE: _____
(REQUIRED IF AMOUNT EXCEEDS \$10,000)

CFO/ VP FINANCE PRE-APPROVAL: _____ DATE: _____
(REQUIRED IF AMOUNT EXCEEDS \$10,000)