



Income and Expenses Report

For fundraising activities conducted by recognized student clubs/organizations.

This report must be submitted to the Student Organization Resource Center no later than (5) days after the fundraiser. DUE DATE _____

Name of Organization: _____

Name of Event: _____

Date of Event: _____

Location of Event: _____

Number of Participants (approx.): _____

PLEASE NOTE THE PRESIDENT'S DIRECTIVE 6 REQUIREMENTS BELOW.

Student organizations who conduct fundraising activities, such as bake sales, barbecues, or any activity that results in financial support for the group, must comply with the fundraising policy as described in the Facility Reservation Request form. The policy is as follows:

1. Section 19731 of the Government Code prohibits the use of State University facilities for fundraising for political purposes. The use of State University facilities for personal financial gain is also prohibited.
2. Funds raised must be used for University related purposes consistent with the approved mission of the organization and objectives of the fundraising event. *(President's Directive 6)*.
3. All funds collected in the name of the student organization must be deposited in an ASI account the day following the fundraising event. The University does not recognize off-campus bank accounts for student organizations at CSUF. *(President's Directive 6)*
4. University policy requires organizations engaging in on-campus fundraising activities to submit an Income and Expense Report listing revenues and expenditures by item. This form must be submitted to the Student Organization Resource Center within five (5) business days after each fundraising activity *(President's Directive 6)*.
5. Activities that include drawings or "raffles" must comply with existing university policy. Refer to the "Lotteries, Raffles, and Drawings" handout available in the SORC.

TYPE OF FUNDRAISING EVENT (check all that apply)

Bake Sale

Opportunity Drawing

BBQ/Hot or prepared food

Conference

Cultural Festival

Other _____

CLUB CONTACT PERSON (SHOULD BE AUTHORIZED SIGNER ON ASI ACCOUNT)

Name: _____

Specific Title/Position in Organization: _____

Phone Number: _____ **CSUF E-mail Address:** _____

TREASURER (SHOULD BE AUTHORIZED SIGNER ON ASI ACCOUNT)

Name: _____

Specific Title/Position in Organization: _____

Phone Number: _____ CSUF E-mail Address: _____

PURPOSE OF YOUR FUNDRAISER: Please describe how funds raised will be used for University related purposes consistent with the approved mission of the organization and objectives of the fundraising event (Directive 6).

NET PROFIT/LOSS FOR STUDENT ORGANIZATION

TOTAL INCOME:	\$
(minus)	---
TOTAL EXPENSES:	\$
Expense Item A:	\$ _____
Expense Item B:	\$ _____
Expense Item C:	\$ _____
Expense Item D:	\$ _____
	=
Net Profit for Organization:	\$
	(or)
	=
Net Loss for Organization:	\$

We certify that this report is a true and accurate statement of Income and Expenses for this event.

Club Contact Person/Authorized ASI
account
(Please Print)

Signature

Date

Treasurer /Authorized ASI account
(Please Print)

Signature

Date