



FUNDRAISING ACCOUNTING FORM

To be submitted within 10 days of completion of fundraiser

APPROVAL NUMBER: _____

Requester's Name: _____

Club/Organization/Team: _____

Fundraising Activity: Please include date, time, and nature of event. Please attach additional documentation if applicable.

Event: _____

Purpose: _____

Date(s): _____ Location: _____

Start Time: _____ End Time: _____

<u>INCOME</u>	<u>EXPENSES</u>	<u>PROFIT</u>

Internal Use Only:

BANK ACCOUNT DEPOSITED TO: _____

ACCOUNT: _____

Must be deposited to Student Activity Fund unless organization has their own Tax ID Number.

SIGNATURE: _____ DATE: _____

7/23/2025