Clear Form

# FUNDRAISING EVENT INCOME AND EXPENSE
# Financial Statement
**ASUH-HCC Form S-19**

## *** REQUIRED for ON-CAMPUS Fundraisers ***

Name of Student Organization _____

Type of Fundraiser _____

Date of Event _____ Time _____ Location _____

General Excise Tax License ID Number _____Exempt: ☐ Yes ☐ No

A Copy of the Organization's Tax License must be on file with the
Student Life and Development Department.

| Estimated Income (List by Item, for example – ticket sales) | Amount |
|---|---|
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| | |
| | |
| | |
| **TOTAL INCOME** | $0.00 |

| Estimated Expenses (List by Item, for example – purchased food items) | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| **TOTAL EXPENSES** | $0.00 |
| **NET PROFITS OR LOSSES (Income minus expenses)** | $0.00 |

We certify that we have completed the Application for Fundraising Event, Form S-18 and that the above figures are truthful and accurate.

_____

Organization's Student Representative Date

_____

Organization's Advisor Date

**Submit this form to the Student Life and Development Department.**

SLD-HR8/2002