

DUE DATE: _____

INCOME REPORT FOR SOLO REGISTERED STUDENT ORGANIZATIONS

Please check: Fundraiser Raffle

Name of person completing this report: _____

Phone Number: _____ Email Address: _____

Name of Organization: _____

Fundraising/Raffle Activity: _____

Date (s) of Fundraiser/Raffle: _____

Location of Fundraiser/Raffle: _____

Brief Summary of Sales:

Cost of each item sold: _____ Number of items sold: _____

Total/Gross Income Received: _____ Expenses: _____

Net Income (Gross – Expenses = Net): _____

How will the net income be utilized? _____

Will the net income be donated? If yes, to what organization and how much will be donated? _____

Net income to be deposited to: On-Campus Account Off-Campus Organization Bank Account

Event Evaluation:

Would you recommend this fundraising/raffle activity? _____

Do you have any suggestions for making this more successful? _____

Please return this form to: _____

SOLO Advisor