



| | |
|-----------------------------|-----------------------|
| Organization / Account Name | |
| Contact Person | Phone# |
| BU ID# | E-mail (xxx) xxx-xxxx |

PROGRAM INFORMATION

| | |
|---------------|-------------------|
| Program Title | Date (MM/DD/YYYY) |
| Location | Time (HH:MM) |

BUDGET & FUNDRAISER INFORMATION

| AB Expenses | | |
|------------------------|--------|-------------|
| Payment Request # | Amount | Description |
| Ex: PR1234567 | 100.00 | Catering |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Expenses: | | |

| Event Income | | |
|----------------------|--------|--------------|
| Deposit # | Amount | Description |
| Ex: DR1234567 | 100.00 | Ticket Sales |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Income: | | |

| Donation Amount | |
|------------------------------|--|
| Income Total | |
| AB Expense Total | |
| Eligible for Donation | |

If additional expenses were incurred, please attach a second form. Student Activities reserves the right to request additional information before processing any donation form.

CHARITABLE ORGANIZATION INFORMATION

All charitable organizations must be a registered 501c3

| | | | |
|------------------------------|----------------------|-------|-----|
| Charitable Organization Name | | | |
| Mailing Address | City | State | Zip |
| Contact | Phone (xxx) xxx-xxxx | | |