



## Organizational Fund Raising Reporting Form

Reporting Date: \_\_\_\_\_

Organizational Name: \_\_\_\_\_

Fund Raising Activity: \_\_\_\_\_

Date Began: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Location: \_\_\_\_\_ On Campus \_\_\_\_\_ off Campus

Locations (list all) \_\_\_\_\_

Money Received:\$ \_\_\_\_\_

List all sources \_\_\_\_\_

Number of students involved: \_\_\_\_\_ Total hours spent on project: \_\_\_\_\_

Did advisor attend function? \_\_\_\_ YES \_\_\_\_ NO

If raffle or 50/50 – date item delivered to winner: \_\_\_\_/\_\_\_\_/\_\_\_\_ dd/mm/yr

Winner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no: \_\_\_\_\_

\_\_\_\_\_  
Organization President

\_\_\_\_\_  
Organization Advisor

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_