



SGA EVENT/FUNDRAISER REPORT FORM
Please complete within three days following the event/fundraiser
or organizational budget will be frozen

Today's date: _____

Organization account name: _____

Account number: _____

EVENT TITLE: _____

Name of Officer: _____

Title: _____ telephone: _____ email: _____

Amount of Deposit:\$ _____

Is this three days or sooner after event? Yes _____ no _____

If not why? _____

How much money was originally spent to have this event/fundraiser:\$ _____

If merchandise was sold how much?: example: 20 t-shirts for \$10.00 each

Total: \$ _____

If ticket sales how many tickets sold? _____

How much merchandise is left over: example: 40 out of 60 shirts remain.

What building and room number will the left over merchandise to be stored? _____

Make sure left over items are listed on a new inventory and submitted to SGA within
one week of deposit