

**FRANCIS MARION UNIVERSITY
STUDENT ORGANIZATION
FUNDRAISING INCOME REPORT**

THIS FORM IS TO BE **COMPLETED AND RETURNED** TO THE OFFICE OF STUDENT LIFE, UC 205 NO LATER THAN 10 DAYS AFTER THE EVENT HAS ENDED. **THIS FORM MUST BE ON FILE IN THE OFFICE OF STUDENT LIFE BEFORE ANY FURTHER FUNDRAISERS FOR THE ORGANIZATION CAN BE APPROVED.**

Name of Organization: _____

Date of Fundraiser: _____

Date of Report: ____/____/____

Purpose of Fundraiser: _____

Total Funds Raised (To the nearest dollar amount): \$ _____

Total Expenses (To the nearest dollar amount): \$ _____

Net Income from fundraiser: \$ _____

CHARITY VERIFICATION

If the proceeds from this fundraiser are to benefit a charity, a representative of the charitable organization must sign the statement below:

My organization, _____, has received funds in the amount of \$ _____ from the above-named Francis Marion University organization.

Signature: _____ Title: _____ Date: ____/____/____

STATEMENT OF EARNINGS

An officer of the sponsoring FMU organization must sign below:

I attest that my organization completed the above fundraiser in accordance with Francis Marion University guidelines and that the above earnings are true and correct to the best of my knowledge.

Signature: _____

Date: ____/____/____