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: ____/____/____

Revised 01/20