



ASSOCIATED STUDENTS INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
BUDGET REQUEST FORM

GENERAL INFORMATION	
Group Name	
Purpose	
Budget Year	

INCOME			
#	Category	Description	Amount
1			
2			
3			
4			
5			
TOTAL INCOME			

EXPENSES			
#	Category	Description	Amount
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
TOTAL EXPENSES			

BALANCE (INCOME - EXPENSES)	
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**ASSOCIATED STUDENTS INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
BUDGET LINE ITEM EXPLANATIONS**

GENERAL INFORMATION	
Group Name	
Purpose	
Budget Year	

INCOME			
#	Category	Description	Amount
1			
Explanation			

#	Category	Description	Amount
2			
Explanation			

#	Category	Description	Amount
3			
Explanation			

#	Category	Description	Amount
4			
Explanation			

#	Category	Description	Amount
5			
Explanation			

TOTAL INCOME	
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EXPENSES

#	Category	Description	Amount
6			
Explanation			

#	Category	Description	Amount
7			
Explanation			

#	Category	Description	Amount
8			
Explanation			

#	Category	Description	Amount
9			
Explanation			

#	Category	Description	Amount
10			
Explanation			

#	Category	Description	Amount
11			
Explanation			

#	Category	Description	Amount
12			
Explanation			

#	Category	Description	Amount
13			
Explanation			

#	Category	Description	Amount
14			
Explanation			

#	Category	Description	Amount
15			
Explanation			

#	Category	Description	Amount
16			
Explanation			

#	Category	Description	Amount
17			
Explanation			

#	Category	Description	Amount
18			
Explanation			

#	Category	Description	Amount
19			
Explanation			

#	Category	Description	Amount
20			
Explanation			

#	Category	Description	Amount
21			
Explanation			

#	Category	Description	Amount
22			
Explanation			

#	Category	Description	Amount
23			
Explanation			

#	Category	Description	Amount
24			
Explanation			

#	Category	Description	Amount
25			
Explanation			

TOTAL EXPENSES	
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BALANCE (INCOME - EXPENSES)	
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ASSOCIATED STUDENTS INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
BUDGET QUESTIONNAIRE

GENERAL INFORMATION	
Group Name	
Purpose	
Budget Year	

1 What is the purpose of your organization?

2 Approximately how many students are served by your organization?

3 Provide a list of officers, event schedulers, coordinators, and advisors for your organization, as appropriate.	
Position	Name

4 Describe your assessment of the current year's activities and the results.

5 Did you receive additional funding from the ASI Finance Committee during this year?

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6 List your organization's sources of income.

Source	Description

7 What are your organization's goals for next year?

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ASSOCIATED STUDENTS INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
BUDGET REQUEST FORM APPROVALS

GENERAL INFORMATION
Group Name
Purpose
Budget Year

TREASURER OR AUTHORIZED OFFICER
Name
Signature
Phone Number
Email Address
Date

PRESIDENT OR AUTHORIZED OFFICER
Name
Signature
Phone Number
Email Address
Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date