

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	



ASSOCIATED STUDENTS INCORPORATED CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA BUDGET LINE ITEM EXPLANATIONS

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	Group Name	
	Purpose	
	Budget Year	
	INCOME	
	INCOME	
# Category	Description	Amount
1		
	Explanation	
# Category	Description	Amount
2		
	Explanation	
# Category	Description	Amount
3		
	Explanation	
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	Explanation	

# Category	Description	Amount
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	Explanation	
	TOTAL INCOME	
	EXPENSES	
# Category	Description	Amount
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	Explanation	
# Category 7	Description	Amount
7	Explanation	
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# Category	Description	Amount
# Category 8		Amount
	Description Explanation	Amount
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# 11	Category	Description	Amount
11			
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# 12			
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#	Category	Description	Amount
17			
		Explanation	
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#	Category	Description	Amount
18			
		Explanation	
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# 20	Category	Description	Amount
20		Explanation	
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# 21	Category	Description	Amount
21		Explanation	
		Explanation	
#	Category	Description	Amount
22		Evalenation	
		Explanation	

#	Category	Description	Amount
23			
		Explanation	
# 24	Category	Description	Amount
24			
		Explanation	
#	Category	Description	Amount
25	Catabo. Y	Description	Amount
		Explanation	
		·	
		TOTAL EXPENSES	
		BALANCE (INCOME - EXPENSES)	



ASSOCIATED STUDENTS INCORPORATED CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA BUDGET QUESTIONNAIRE

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
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.
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4 Describe your assessment of the current year's activities and the results.
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5 Did you receive additional funding from the ASI Finance Committee during this year?		
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
TRESIDENT ON ACTIONIZED STITCEN
Name
Signature
0.6
Phone Number
Email Address
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Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date