



ASSOCIATED STUDENTS INCORPORATED
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
CARRYOVER ESTIMATION 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			

ESTIMATED CARRYOVER	
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