



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


INCOME			
#	Category	Description	Amount
1			
2			
3			
4			
5			
<b>TOTAL INCOME</b>			

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

<b>BALANCE (INCOME - EXPENSES)</b>	
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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			

<b>TOTAL INCOME</b>	
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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			

#	Category	Description	Amount
24			

#	Category	Description	Amount

<b>TOTAL EXPENSES</b>	
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<b>BALANCE (INCOME - EXPENSES)</b>	
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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