

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

	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)



### 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			

		TOTAL INCOME	
		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			

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#	Category	Description	Amount
23			

#	Category	Description	Amount
24			

Description	Amount
TOTAL EXPENSES	

BALANCE (INCOME - EXPENSES)



### 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?

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

Position
Name

Position
Position

Position
P

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?

6 List your organization's sources of income.		
Source	Description	

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



# 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
Nama
Name
Signature
Phone Number
Filone Number
Email Address
Data
Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date

ADVISOR
Name
Signature
Phone Number
Email Address
Date