

CLARION STUDENTS' ASSOCIATION
278 Gemmell Complex
Clarion University of PA
Clarion, PA 16214
Phone: (814) 393-2423 * Fax: (814) 393-1760

SUMMARY REPORT FOR APPROVED FUNDRAISING ACTIVITIES

Organization: _____

Submitted by: _____ Phone: _____

Project type: _____

Dates of Project: _____

.....
Income/Product Generated:

Total money generated (Gross Sales).....\$ _____

Expenses Involved:

List expenses here: (i.e. printing expense, advertising expense, cost of goods sold)

.....
Total Expenses.....\$ _____

NET PROFIT (Total Income minus Total Expenses).....\$ _____ *

*If you are an organization receiving funds from CSA, these funds need to be deposited immediately in your account in the CSA Office, room #278, Gemmell Complex.

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50/50 RAFFLE DRAWING:

Date of Drawing: _____

Event Type: _____

Funds Collected: _____

Funds Distributed: _____

Winners Name: _____

Address: _____

Attach winning ticket stub here
