Activity Report Form

GSG Representatives

Name of Organization(s): ________________________________

Name of Organization(s) Representative: ________________________________

Email: ___________________________ Phone: ___________________________

Name of Event: ________________________________

Event Date: ___________________________ Time: ___________________________

| Total Activity Cost: $ __________ |
| Total Activity Revenues: $ __________ |
| total collected in sponsorships, tickets sales, dues, etc. |
| DO NOT include the CSU allocation |

By initialing next to each item below, you indicate that you have included or completed the following:

_____ An itemized list of actual costs displayed on the original budget submitted with the funding request

_____ Proper receipts that correspond to all costs

Please see GSG Funding Policies for details on proper receipts

_____ An itemized list of actual revenue for the activity

_____ Explanations for significant deviations from the budget that was originally submitted

_____ If applicable, I have fully disclosed any and all Funding Policy violations committed by my organization

_____ Submitted within 15 university business days after the event

This form and all required components must be submitted before funds will be transferred to the Representative. It must be received no later than 15 university days after the conclusion of the organization’s activity. Please submit the report to the GSG Treasurer, Creighton Hall 132.

By signing below, I certify that all figures and receipts in this report are accurate.

Representative ___________________________ Date ____________

Moderator/President ___________________________ Date ____________

Date Received: ____________

OFFICE USE ONLY

Treasurer’s Initials: ____________

Revised 2/16/10