



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 _____

OFFICE USE ONLY
Date Received: _____ Treasurer's Initials: _____
Revised 2/16/10