

# INCOME REPORT

## STUDENT ORGANIZATIONS

UCSD STUDENT LIFE BUSINESS OPERATIONS  
 9500 GILMAN DRIVE #0064  
 LA JOLLA, CALIFORNIA 92093-0064  
 PRICE CENTER EAST THIRD FLOOR  
 PHONE: 858-246-4468 FAX: 858-246-0153



**URGENT: THIS REPORT IS DUE WITHIN TWO (2) BUSINESS DAYS OF THE EVENT DATE**

The Income associated with this report is from a:  Raffle  Fundraiser

NOTE: California Penal Code 320.5 states that at least 90% of gross receipts from a raffle must be donated to a qualified California charity.

**PLEASE PRINT LEGIBLY**

Name of student filing report: \_\_\_\_\_ Email address: \_\_\_\_\_

Student organization: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Location of fundraiser/raffle: \_\_\_\_\_ Date(s) of activity: \_\_\_\_\_

**SUMMARY OF ACTIVITY (USE BACK OF FORM IF NECESSARY)**

NUMBER OF ITEMS SOLD	ITEM DESCRIPTION	COST OF EACH ITEM	TOTAL
		\$	\$
		\$	\$
		\$	\$
<b>GROSS RECEIPTS:</b>			\$
<b>EXPENSES:</b>			\$
<b>GROSS RECEIPTS LESS EXPENSES = NET INCOME:</b>			\$

**UTILIZATION AND DEPOSIT OF PROCEEDS**

Will the proceeds be donated?  Yes Name of charity: \_\_\_\_\_ \$ \_\_\_\_\_

No How will the net income be utilized? \_\_\_\_\_

Where will the net income be deposited?  On-campus student organization fund account

Off-campus student organization bank account

**EVENT EVALUATION**

Would you recommend this fundraising activity?  Yes  No

If **YES**, what suggestions do you have for making this activity more successful? \_\_\_\_\_

If **NO**, why? \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR STUDENT ORGANIZATION FUND MANAGER – MAIL CODE 0064**