

ASSOCIATED STUDENTS OF RIVERSIDE COMMUNITY COLLEGE
Fund Raising Receipts Declaration Form

PART 1	[To be completed prior to event and copy left with Auxiliary Business Services]
<p>Club/Organization: _____</p> <p>Trust Account Number: _____ Have you requested a cash advance? _____</p> <p>Type of Activity: _____</p> <p>Date(s) of Activity: _____</p> <p>_____</p> <p>Club/Organization Advisor Dean, Student Life</p>	

PART 2	[To be completed promptly upon conclusion of fund raising activity & returned To Auxiliary Business Services (ABS) Cashier Office with deposit]																		
<p>Funds to be deposited at (ABS) Cashier office:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Cash:</td> <td style="width: 35%;">\$ _____</td> <td rowspan="5" style="width: 15%; vertical-align: middle; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">For ABS use only</td> </tr> <tr> <td style="padding: 5px;">Date Deposited:</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">ABS Cashier:</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Receipt No:</td> <td style="padding: 5px;">_____</td> </tr> </table> </td> <td style="width: 35%;">Total Checks: _____</td> </tr> <tr> <td>Subtotal:</td> <td>_____</td> </tr> <tr> <td>Less Change Fund:</td> <td>_____ to be deposited</td> </tr> <tr> <td>Amount Received:</td> <td>_____ to be deposited</td> </tr> </table> <p>_____</p> <p>Club/Organization Treasurer Club/Organization Advisor</p>		Total Cash:	\$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">For ABS use only</td> </tr> <tr> <td style="padding: 5px;">Date Deposited:</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">ABS Cashier:</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Receipt No:</td> <td style="padding: 5px;">_____</td> </tr> </table>	For ABS use only		Date Deposited:	_____	ABS Cashier:	_____	Receipt No:	_____	Total Checks: _____	Subtotal:	_____	Less Change Fund:	_____ to be deposited	Amount Received:	_____ to be deposited
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