

**ASSOCIATED STUDENTS OF RIVERSIDE COMMUNITY COLLEGE
Fund Raising Receipts Declaration Form**

PART 1	[To be completed prior to event and copy left with Student Services]
<p>Club/Organization: _____</p> <p>Type of Activity: _____</p> <p>Date(s) of Activity: _____</p> <p>_____</p>	
<p>_____</p> <p style="display: flex; justify-content: space-between;"> Club/Organization Advisor Dean, Student Services </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> <p>Total Cash: \$ _____</p> <p>Total Checks: _____</p> <p>Subtotal: _____</p> <p>Less Change Fund: _____ to be deposited</p> <p>Amount Received: _____ to be deposited</p>					
<table border="1" style="float: right; margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; padding: 5px;">For ABS use only</td> </tr> <tr> <td style="padding: 5px;">Date Deposited: _____</td> </tr> <tr> <td style="padding: 5px;">ABS Cashier: _____</td> </tr> <tr> <td style="padding: 5px;">Receipt No: _____</td> </tr> </table>		For ABS use only	Date Deposited: _____	ABS Cashier: _____	Receipt No: _____
For ABS use only					
Date Deposited: _____					
ABS Cashier: _____					
Receipt No: _____					
<p>_____</p> <p style="display: flex; justify-content: space-between;"> Club/Organization Treasurer Club/Organization Advisor or President </p>					

Distribute 3 copies: 1- ABS copy with deposit; 1- Club/Org. copy; 1-Student Services(ABS)copy