



MUSKEGON COMMUNITY COLLEGE  
Fund Raising Report Form

Please complete this form and return it to the Student Life Office by \_\_\_\_\_  
(one week after activity)

Name of Club \_\_\_\_\_

Title of Activity \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_

INCOME: \$ \_\_\_\_\_

EXPENSES (Itemize Costs):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

NET PROFIT: \$ \_\_\_\_\_

\_\_\_\_\_  
Club Advisor's Signature

\_\_\_\_\_  
Date