

BEMIDJI STATE UNIVERSITY  
Hobson Memorial Union

Student Organization Monthly Financial Statement

Student organizations having accounts at locations off campus must complete a financial statement each month in accordance with Bemidji State University policy. Upon completion, please return the form to the Associate Director, Hobson Memorial Union.

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

NOTE: A separate form must be filed for each account.

Type of off-campus account: \_\_\_\_\_ Checking: Account No. \_\_\_\_\_

\_\_\_\_\_ Savings: Account No. \_\_\_\_\_

Location of Account: \_\_\_\_\_

BALANCE AT BEGINNING OF MONTH: ..... \$ \_\_\_\_\_

INCOME RECEIVED DURING MONTH:

Dues..... \$ \_\_\_\_\_

Fundraisers On-Campus ..... \$ \_\_\_\_\_

Fundraisers Off-Campus..... \$ \_\_\_\_\_

Interest..... \$ \_\_\_\_\_

Other..... \$ \_\_\_\_\_

TOTAL INCOME FOR THE MONTH: ..... \$ \_\_\_\_\_

EXPENDITURES MADE DURING THE MONTH:

Wages..... \$ \_\_\_\_\_

Equipment Repairs..... \$ \_\_\_\_\_

Equipment Purchases..... \$ \_\_\_\_\_

Office Supplies..... \$ \_\_\_\_\_

Miscellaneous..... \$ \_\_\_\_\_

TOTAL EXPENDITURES FOR THE MONTH: ..... \$ \_\_\_\_\_

BALANCE AT END OF THE MONTH: ..... \$ \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**If at any time your off-campus account exceeds \$500.00, the excess is required to be deposited into an agency account on campus.**