

# SAMPLE

**BEMIDJI STATE UNIVERSITY**  
**Division of Administrative Affairs**  
**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: September Year: 2006

Name of Organization: Pez Enthusiasts

Treasurer's Name: Betty Crocker

Advisor's Name: Dr. Harry Potter

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

Type of off-campus account:  Checking: Account Number: 13900874587

Savings: Account Number: \_\_\_\_\_

Location of Account: Bemidji State Bank

BALANCE AT BEGINNING OF THE MONTH: ..... \$ 311

### INCOME RECEIVED DURING MONTH:

Dues.....	\$ <u>90</u>
Fundraisers On-Campus.....	\$ <u>59</u>
Fundraisers OffCampus.....	\$ _____
Interest.....	\$ _____
Other.....	\$ _____

TOTAL INCOME FOR THE MONTH: \$ 149

### EXPENDITURES MADE DURING MONTH:

Wages.....	\$ _____
Equipment Repairs.....	\$ _____
Equipment Purchases.....	\$ _____
Office Supplies.....	\$ _____
Miscellaneous.....	\$ <u>85</u>

TOTAL EXPENDITURES FOR THE MONTH: \$ 85

BALANCE AT END OF THE MONTH: \$ 375

Signature of Treasurer: Betty Crocker Date: 10-1-06

Signature of Advisor: Dr. Harry Potter Date: 10-1-06

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