ACCOUNT #

**Chaffey College Auxiliary Services**

General Account Establishment form

**Auxiliary Name:**

Income:

 Donations $

 Fundraising

 Grants

 Workshops/Seminars

 Total $

Expenditures:

 Salaries $

 Supplies

 Travel

 Services

 Equipment

 Scholarships

 Total $

Anticipated sources of funds:

Anticipated expenditure purposes:

Accounting Services Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_