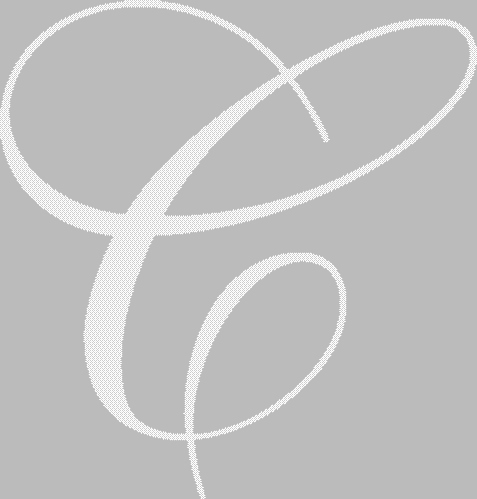
ACCOUNT #

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_