Sacred Heart Council 2842 - Event/Affair Financial Report Form NOTE: Report is to be completed and submitted within thirty(30) days following the event.

Name	e of Event:							
Date and Location Event	was Held:							
For the	benefit of:							
Number of Members on Committee:]	<u>Number o</u>	f Hours per	<u>Member:</u>		
Total Committee Volunteer Hours:			(Numbe	r of Members on	Committee x Nur	nber of Hours p	oer Me	mber)
	ATERNAL	ACTIVITY		HALL DC	<u>NATION</u>			
Choose the fraternal activity that fi	ts the event	<u>Faith</u>	Community	Family	Life	Hall Donate		
and whether the hall was do		<u> </u>	0	0	0	Yes		No
		RE	CEIPTS					
Advanced by Council:		<u>///</u>	<u>.0211 10</u>				\$	
Admissions:	_	_			\$	each	\$	
Refreshments:							\$	
Raffle Ticket Sales							\$	
Advertising							\$	
Other (Specify)							\$	
Other (Specify)							\$	
Other (Specify)							\$	
TOTAL RECEIPTS:							\$	
EXPENSES	: (LIST AI	ND INCLU	DE VALUE	OF ALL D	ONATED IT	EMS)		
Rental of:	-						\$	
Music/Entertainment:							\$	
Refreshments:							\$	
Catering or Cost of All Food (Attach Details)							\$	
Printing							\$	
Gifts or Awards							\$	
Raffle Prizes							\$	
Other (Specify)							\$	
Other (Specify)							\$	
Other (Specify)							\$	
Other (Specify)							\$	
TOTAL DISBURSEMENTS:							\$	

This report shall be completed for every event or affair involving monies being expensed from council funds or funds being held in trust for any purpose. One copy is be printed for signature & the file sent electronically to the Treasurer.

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PROFIT/LOSS					
Gross Profit:		\$			
Advance by Council Returned to General Fund:		\$			
<u>NET PROFIT (OR LOSS):</u>		\$			

DISBURSEMENT OF PROFITS:						
General Fund:					\$	
Charity Fund:					\$	
Scholarship Fund:					\$	
Columbian Club:					\$	
Other (Specify):					\$	
Other (Specify):					\$	
Other (Specify):					\$	
Other (Specify):					\$	
Other (Specify):					\$	
Other (Specify):					\$	
Other (Specify):					\$	
Other (Specify):					\$	
Other (Specify):					\$	
TOTAL DISBURSEMENT OF P	ROFITS:				\$	
PROFIT BALANCE:					\$	
<u>Report Date:</u>			_			
<u>Event Chairman:</u>						
-						
Signature of Event Chairman:						
•						
	Reserved	for Council's Fina	ncial Officers			
<u>Received by 1</u>	reasurer:					
		Date		Treasu	urer's Initials	
Received by Financial S	Secretary:					
		Date		Financial S	ecretary's Initials	
	t Number:					
(if applicable)				Form Varaian: 201002	

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