

# STUDENT ACTIVITY ACCOUNT EVENT FINANCIAL REPORT

## FORM B

To be completed upon completion of ALL fundraising activities.

ORGANIZATION: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 EVENT: \_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_

**REVENUE: Report ALL monies collected / donated / received from the fundraising activity.**

DATE - FUNDS TO BUSINESS OFFICE	SPECIFY (cash, checks, etc)	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>TOTAL REVENUE</b>	
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**EXPENSES: Actual costs incurred to run the fundraising activity.**

EXPENDITURES: (listed below)

ITEMS / SERVICES	CHECK / INVOICE #	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>TOTAL EXPENSES</b>	
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<i>Profit or Loss</i> Revenue LESS Expenses =	
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SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Athletic Teams)  
 REVIEWED BY AD: \_\_\_\_\_ DATE: \_\_\_\_\_  
 REVIEWED BY PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

*Completed forms are to be submitted to the Business Office.*