

EVENT NAME

Date of event / /

EXPENSE

	Description	Amount	reimbursed? Y/N cash/check	Name of person who paid for it
	(ie. Locations, food, drinks, square fees)			
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	TOTAL			

EVENT GROSS INCOME

	Description	Amount
	ie: Entry Tickets, Online Auctions, Square Swipe, etc.	
1		
2		
3		
4		
5		
	TOTAL	

OVERALL NET INCOME

TOTAL OF EVENT GROSS INCOME	
EXPENSE TOTAL	
GRAND NET TOTAL INCOME	\$ -

* PLEASE KEEP ALL RECEIPTS!

* PLEASE SUBMIT RECEIPT + FUND REQUEST FORM TO TREASURER TO BE PAID BACK FOR REIMBURSIBLES.