

Fundraiser Accounting Form



Date: ___/___/___

*Please fill out and return to Fundraising Head within 7 days of Event

Fundraising Date & Event: _____

Individual/ Team/ All Team/ Individual & All Team: _____

Start-up	\$ _____	Parent Lead: _____	Verified by: _____
Close-out	\$ _____	Parent Lead: _____	Verified by: _____
Total Profit for:			
Individual(s):	_____	Team: _____	All Teams: _____

If this is not a “Team” or “All-Teams” Fundraising Event, then list the family name and the designated amount to be credited:

1.	8.	14.
2.	9.	15.
3.	10.	16.
4.	11.	17.
6.	12.	18.
7.	13.	19.

Additional information or details regarding event: _____

Comments for Advisory Committee: _____