

# 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: \_\_\_\_\_