

REPORT OF FUND-RAISING / EVENT ACTIVITY

THIS FORM MUST BE SUBMITTED WITH ALL COLLECTED FUNDS / ITEMS

Name of Student Group _____

Advisor _____

School _____

Description of the Fund Raiser/Event _____

Date of the Fund Raise/Event _____

Location of the Fund Raiser/Event _____

Cost of Merchandise \$ _____

Number of Items Acquired _____ Number of Items Sold _____

Actual Revenues \$ _____

Disposition of Unsold Items _____

HCSC School Groups/Clubs:

Date Funds turned into Bookkeeper _____

Sponsor Signature

Date

Date funds were deposited by the Bookkeeper _____

Bookkeeper Signature

Date

Outside Organizations:

Date of Deposit _____

Location of Deposit _____

Sponsor Signature

Date