

Rolling Hills H.S.A.

EVENT INCOME REPORT



CHAIR-PERSON NAME:
2ND COUNTER NAME:
EVENT:
DATE SUBMITTED:

CHAIR PHONE:
CHAIR EMAIL:
EVENT DATE:

Challenges or successes with expenses or sales:
Any changes to the budget:

BUDGET FOR EVENT:

Complete the following information:

Total sales (Tickets, Food, Raffles, etc.)

Total expenses (Venue, DJ, Food, Prizes, Supplies, etc.)

Total Sales:	\$
Total Expenses:	\$
Overall Profit/Loss:	\$

(Total Sales - Total Exp = Profit/Loss)

Submission Guidelines:

- * Income must be submitted to the Treasurer no later than **one week after** the Program/Event Date.
- * Pls. Remove all staples from checks and cash & enclose along with this completed form in an envelope.
- * Contact RHHS A Treasurer, Kim Williams at 215-499-8688 or RollingHillsHsa@gmail.com to coordinate submission.
- * PLEASE DO NOT LEAVE any money in the Home & School Mailbox.

# of Paypal Transactions:	_____	Total:	\$
# of Checks:	_____	Total:	\$
Cash & Coin Total:	N/A	Total:	\$

GRAND TOTAL OF FUNDS COLLECTED: \$

Signature & Date of 1st Funds Counter:
Signature & Date of 2nd Funds Counter:

ACCEPTED BY H.S.A. TREASURER:
Date: