

DELANEY COUNCIL FUNCTION FINAL EXPENSE REPORT

| Alla | |
|--------|----|
| K of C | |
| No. | // |

| Event Title | | | |
|--------------------|-------------------------------|--|--|
| Actual Event Date | | Total No. of Brothers Involved in Function | |
| Location | | Total No. of Hours Involved in Function | |
| • | _ | _ | |
| Reporting Chairman | | | |
| Council Activities | () Catholic () Family | | |
| | () Community () Council | | |
| | () Youth () 300 Club/ Other | | |

| Income Section | | | |
|----------------------|----------------------|--------------|--|
| Cost Per Person | | | |
| Number of Paying | | | |
| Number of Non-Paying | | | |
| | Total Ticket Income | | |
| | Raffle Income | | |
| | Miscellaneous Income | | |
| | | Total Income | |

| Expense Section | | |
|---------------------------|---------------------|----------------|
| | Description of Item | Amount |
| Cash Advance from Council | | |
| 1) | | |
| 2) | | |
| 3) | | |
| 4 | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |
| 9) | | |
| 10) | | |
| | | Total Expenses |

NOTE:
RECEIPTS ARE TO BE
ATTACHED TO YOUR
EXPENSE REPORTS
FOR ALL EXPENSES.
A detailed bill or invoice
is required for all
expenditures.

| ſ | Total Income | | Trustee Signoff | |
|---|----------------|------------|---------------------|--|
| Ī | Total Expenses | | Financial Secretary | |
| Ī | | Net Profit | 1Yr Trustee | |
| | | | 2Yr Trustee | |
| Ī | | | 3Yr Trustee | |