Shriners International

Charity Activity Form WorkSheet

Temple Name:
Event Activity Type:
Event Location:
Sponsored by Unit/Shrine Club:

Event No :
Date Issued :
Activity Start Date:
Activity End Date:

100 Percent of Net Proceeds to be Distributed to Shriners Hospitals for Children. Any loss must be absorbed as a Temple expense.
Permission to engage in any charitable fundraising activity and to use the name 'Shriners Hospitals for Children'
must be authorized by: Chairman, Board of Directors & Chairman, Board of Trustees

FUNDRAISING FINANCIAL WORK SHEET

Line	Description	Amounts	Totals	Entry#
1	**Prior Year Activity Event Number -->#**	Prior Reserved Amount->	$ -	1
	RECEIPTS:			
2	Cash Collected			
3	Checks From Individuals/Companies Sent Directly to Hospitals			
4	Other Receipts (See Getting Started Notes #4)			
	Other Receipts			
5	Interest on Activity Cash Reserve Balance			
6	**Total Gross Receipts (Total sum of Line items 2 thru 5)**		$ -	2
	EXPENSES:			
7	**Direct** FundRaising Expenditures (See Getting Started Notes #7)			
	a.)			
	b.)			
	c.)			
	Total Direct Expenses (7)		$ -	3
8	**Indirect** FundRaising Expenditures (See Getting Started Notes #8)			
	a.)			
	b.)			
	c.)			
	Total Indirect Expenses (8)		$ -	4
9	**Grand Total Expenses (Total Line items 7 + 8)**			5
10	**Net Profit* (Line 6 minus line 9)**			6
11	**TOTAL AVAILABLE FOR DISTRIBUTION(Line 1+Line 10)**			
	*Any loss must be absorbed as a Temple expense.			
	HOW DISTRIBUTED TO:			
	Shrine Hospitals to Distribute To:			
	a.) Hospital Name -			
	b.) Hospital Name -			
	c.) Hospital Name -			
12	Checks From Individuals/Companies Sent Directly to Hospitals (line 3)			
	List Hospital Names (for line 12 and 3): -			
13	**Total Shriners Hospitals for Children**			7
14	Request to be Retained for Hospital Transportation Fund			
15	Cost of Van Purchased for Hospital Transportation			
16	**Total for Hospital Transportation Fund**			8
17	**Current Reserve to use for next year (may not exceed Total Expenses)**			10
18	**TOTAL DISTRIBUTION (must equal amount on line 11)**			

Financial Report Prepared by: **Title:** **Date:**

Congratulations You're In Balance

Additional Notes from preparer to Headquarters:

This is for printing purposes & manually filling in the gray shaded areas