



ARIZONA STATE COUNCIL
Knights Of Columbus



Program for
 People with Intellectual Disabilities
 2019 Tootsie Roll Drive Expense Form

PART I - Council Information

COUNCIL NUMBER COUNCIL NAME

GK NAME PHONE NUMBER

GK EMAIL

FIN. SEC. NAME PHONE NUMBER

FIN. SEC. EMAIL

PART II: REVENUE & EXPENSE

1. TOTAL GROSS REVENUE FROM DRIVE: *Do NOT include revenue for candy purchased for other councils*

2. LESS ALLOWABLE COSTS

2(a) COST OF CANDY *Do NOT include cost of candy purchased for other councils*

2(b) COST OF APRONS

2(c) OTHER COSTS (requires approval)

3. TOTAL ALLOWABLE COSTS (2a + 2b + 2c)

4. NET PROCEEDS (subtract line 3 from line 1) ← **MUST MAKE CHECK PAYABLE FOR THIS AMOUNT**

PART III: DISTRIBUTION OF FUNDS

1. ARIZONA STATE COUNCIL (25% OF NET PROCEEDS)
 REMAINING 75%

ONLY THESE CHARITIES DO NOT REQUIRE PROOF OF TAX STATUS

- a. CATHOLIC CHURCHES (SPECIFY MINISTRY FOR PEOPLE WITH INTELLECTUAL DISABILITIES)
- b. PUBLIC SCHOOLS IN AN ARIZONA PUBLIC SCHOOL DISTRICT
- c. ST. JOSEPH YOUTH CAMP
- d. SPECIAL OLYMPICS

ALL OTHER CHARITIES DO REQUIRE PROOF OF NON-PROFIT STATUS TO BE ENCLOSED
PAYMENT MUST BE TO AN ORGANIZATION, NOT AN INDIVIDUAL

	AMOUNT
2. NAME <input type="text"/>	<input type="text"/>
3. NAME <input type="text"/>	<input type="text"/>
4. NAME <input type="text"/>	<input type="text"/>
5. NAME <input type="text"/>	<input type="text"/>
SUM OF LINES 1 THROUGH 5 MUST EQUAL LINE 4 IN PART II	SUM OF LINES 1 THROUGH 5 \$ <input type="text"/>

DO NOT WRITE BELOW THIS LINE

Send Check PAYABLE TO "AZ KofC Charity, Inc."
 for the amount in Line 4 (NET PROCEEDS) along with
 proofs of 501(C)(3) status To:

Joe Curran
 State PWID Chairman
 4408 W. Olivette Mine Pl
 Tucson, AZ 85745-4122

DATE RECEIVED _____

DATE APPROVED _____

DATE SENT TO STATE _____

Phone: 520-331-4883 Email: JC22925@gmail.com

PWID Expense & Check Request 1June2019 - Previous versions obsolete

Print Form