

Jefferson Township Volunteer Fire Company Fundraiser Report

Date of Fundraiser: _____

Type of Fundraiser: _____

Total Amount Served: _____

Adults Served: _____

Children Served: _____

Fire Prevention Tee Shirts Served: _____

Income:

Sales: Cash/Check _____

Sales: Credit Cards _____

Donations _____

Total Income:

Expenses:

	Check #:	
	Check #:	
	Check #:	
	Check #:	
	Check #:	
	Check #:	
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	Check #:	
	Check #:	
	Check #:	

Total Expenses:

Total Profit:

Submitted By: _____

Date: _____

- * If there is additional income/expenses use multiply page with a summary of the report on the first page.
- * **ALL** reports will be submitted within 45 days after the completion of the event to the company.
- * **ALL** register receipts and check numbers used must accompany this report.
- * The cash drawer end of event count sheet must accompany this report.
- * This report will be used for all Fundraisers with no exceptions.