



Crespi Carmelite High School Institutional Advancement Report of Results of Fundraising Activity

Received: _____
 Verified: _____
 Org. #: _____

**This form must be filled out and submitted, with all funds raised *,
 to the Department of Institutional Advancement IMMEDIATELY at the conclusion of event.**

Date Submitted: ___/___/___ Department/Team: _____ Moderator/Coach/Teacher: _____

Purpose of Activity: _____ Date of Event: ___/___/___ to ___/___/___

State kind of Appeal, Entertainment, Activity or Sale: _____

RECEIPTS:

Cash Contributions:	\$ _____
Ticket Sales/Admission Charges:	\$ _____
Sales of Advertising Space:	\$ _____
Returns from Sales:	\$ _____
Membership Fees:	\$ _____
Amounts Received from other Sources (itemize):	\$ _____

Pledges: _____ \$ _____

TOTAL: _____ \$ _____

Less Federal, State and City Taxes (if Applicable) _____ \$ _____

TOTAL RECEIPTS: _____ \$ _____

FUND-RAISING EXPENSES:

Salaries, Wages, Commissions Total:	\$ _____
Paid To: _____	\$ _____
_____	\$ _____
_____	\$ _____

Music:	\$ _____
Rentals or Purchases of Equipment:	\$ _____
Printing, Postage, Stationary:	\$ _____
Telephone, Television or Radio Time:	\$ _____
Advertising/Publicity Costs:	\$ _____
Decorations, Favors, Costumes, Uniforms:	\$ _____
Prizes:	\$ _____
Reservation Charges:	\$ _____
Other Expenses (itemize)	\$ _____

TOTAL FUND-RAISING EXPENSES: _____ \$ _____

NET REMAINING FOR CHARITABLE PURPOSES: _____ \$ _____

Distribution of Funds:

To whom: _____

Date Released: _____ Amount: \$ _____

*** It is against School Policy for any funds to be held by any group past the conclusion of an event.
 All funds raised must be turned in IMMEDIATELY to the Business Office the day funds are collected,
 regardless if event takes place over more than one day. (cash, check, credit card receipt).**

THIS REPORT MUST BE SIGNED BY TWO MODERATOR/TEACHER/COACH OF THE DEPARTMENT/TEAM CONDUCTING EVENT AND FILED WITH THE DEPARTMENT OF INSTITUTIONAL ADVANCEMENT IMMEDIATELY AT THE CONCLUSION OF EVENT. DATE SUBMITTED: ___/___/___

SIGNATURE OF MODERATOR/TEACHER/COACH _____	TITLE _____	ADDRESS AND ZIP CODE _____	() TELEPHONE _____
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SIGNATURE OF MODERATOR/TEACHER/COACH _____	TITLE _____	ADDRESS AND ZIP CODE _____	() TELEPHONE _____
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