

Event / Fundraiser Expense Sheet

Name of Event/ Fundraiser _____
Name of person to be reimbursed _____
Complete Address for mailing: _____
Phone #: _____

**** Please attach all receipts for full reimbursement.**

Expenses

Store Name : _____
Description of Goods: _____
Total Amount to be used as donation: _____
Total Amount to be reimbursed: _____

Expenses:

Store Name _____
Description of Goods: _____
Total Amount to be used as donation: _____
Total Amount to be reimbursed: _____

Total Receipts: \$ _____
Total Amount to be donated: \$ _____ *
Total Reimbursement Amount: \$ _____

*A copy of this receipt will be provided to you for *non cash donations* for taxes purposes.

** Please be sure all receipts are attached for full reimbursement.

Cash Box

Amount of Check needed for advance funds for a cash box: \$ _____
Amount of Check needed for supplies: _____

Debit Card

Amount to be charged on the debit card: _____ for _____

Signature: _____

Signature: _____

Return by: _____ / _____ / _____ initials: _____