

APPENDIX V: Financial Report Form



Mail Original to:
 Catch-A-Dream Foundation
 2485 Ennis Road
 Starkville, MS 39759



FINANCIAL REPORT



Copy to: **1. CADF Office**
2. Your Files

Type of Function: _____

Date of Event _____ / _____ / _____ Total Attendance _____ Date of Report _____ / _____ / _____

State Name _____ City _____ Type of Function _____

Your Organization Name _____

Address _____ City _____ State _____ Zip Code _____

Arrangements/Tickets	Income	Expense	Net
1. Ticket Sale (# _____ @ _____) (# _____ @ _____)	\$ _____		
2. Arrangement Expenses (meals, etc)		\$ _____	
3. Sub-Total Arrangements	\$ _____	\$ _____	\$ _____
Raffle			
4. Raffle Income and Expense	\$ _____	\$ _____	\$ _____
Live Auction			
5. Live Auction Income and Expense	\$ _____	\$ _____	\$ _____
Silent Auction			
6. Silent Auction Income and Expense	\$ _____	\$ _____	\$ _____
Donations			
7. Direct cash donations to CADF	\$ _____		
OTHER			
8. Framing Costs		\$ _____	
9. Items Purchased	\$ _____	\$ _____	
10. Cash Outlay to Underwrite Expense	\$ _____	\$ _____	
11. Sub-Total from Page. 2	\$ _____	\$ _____	
12. Total Other Income and Expense	\$ _____	\$ _____	\$ _____
13. Grand Total for the Event (Total of line #3, 4, 5, 6, 7, 12)	\$ _____	\$ _____	\$ _____
14. Retained Income from last Event (if any)			\$ _____
15. Sales Tax Collected and Paid to Authority		\$ _____	
16. Net Income for this Event (Total of lines #14 and 15 minus Line 16)			\$ _____
17. Event Proceeds Allocation	Date	Amount	
Cash and Checks Sent to CADF Office	_____	_____	
Credit Card Receipts Sent to CADF Office	_____	_____	
In-Kind Donor Rpts Sent to CADF Office	_____	_____	
18. Retained Income (if any; 3% of line 16 Not to exceed \$200)			\$ _____
19. Total Remitted to Catch-A-Dream Office			\$ _____

Signed _____ Title _____ Date _____

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FINANCIAL REPORT (page 2)

Other Fund-raising Income and Expense
 (Record additional items here and transfer
 sub-total to line 11.a. on Page 1)

	INCOME	EXPENSE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Sub-Total Other	\$ _____	\$ _____

Sales Tax Collected and Submitted to Appropriate Authority. Report any sales tax collected, if required in your locale.

City/Local Sales Tax	\$ _____
State Sales Tax	\$ _____
Total Sales Tax Collected (transfer this total to line 16, Page 1)	\$ _____