

# INTERNAL FUNDS – FUNDRAISER

## PROJECTED REVENUE & EXPENSES STATEMENT

Name of Event: _____	Date of Event: _____
Event held at: _____	
Sponsor: _____	Phone: _____
Name of Account/Fund(s) to profit: _____	
Is there a participation fee:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Purpose of Fundraiser: _____	

### Projected Revenue

_____	\$ _____
_____	\$ _____
_____	\$ _____

### Total Projected Gross Revenue

= \$                     

### Projected Expenses

Facility Use fee	\$ _____
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Attach form for Community Use of School

Custodial Fee:    Facilities / Grounds	\$ _____
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List Other Expenses:

Vendor Name:

(Keep All Receipts)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

### Total Projected Expenses

= \$                     

### TOTAL PROJECTED NET INCOME

\$                     

Sponsored Signature: _____	Date: _____
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Approved ☐      Not Approved ☐

Principal Signature: _____	Date: _____
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Bus. Office Use

Actual