

ORSCNA Financial Report Form

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| Subcommittee/Position: | |
| Description: | |
| Trusted Servant/Member: | |

| | |
|---------------------|--|
| Timeframe: | |
| Receipts attached?: | |
| Check Number: | |

Debit (-)

Credit (+)

| | |
|---|--|
| Start Up Funds: | |
| From Regional Service Committee | |
| Out of Pocket by Trusted Servants/Members | |
| Donations from Members | |
| Other (describe) _____ | |
| Total Start Up Funds | |

| | |
|-------------------------------|--|
| Income: | |
| Door Donations | |
| Sales: Food | |
| Sales: Merchandise | |
| Sales: Other | |
| Raffles / Auctions | |
| Other Income (describe) _____ | |
| Other Income (describe) _____ | |
| Other Income (describe) _____ | |
| Total Income | |

| | |
|-------------------------------------|--|
| Expenses: | |
| Facility | |
| Flyers / Literature | |
| Supplies (stamps, envelopes, etc.) | |
| Food / Drinks | |
| Merchandise | |
| DJ / Entertainment | |
| Reimbursement of any initial income | |
| Other Expense (describe) _____ | |
| Total Expenses | |

| | |
|--|--|
| Subtotal: | |
| Total Income (Total Start Up Funds + Total Income) | |
| Total Expenses | |
| Final Balance (Total Income - Total Expenses) | |

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|---|--|
| Funds Returned/Requested: | |
| If Final Balance is positive, then funds need to be returned. | |
| If Final Balance is negative, then funds may be requested. | |