

Final Activity Report Form

Activity: _____
 Date of Activity: _____
 Chairperson: _____ Phone: _____
 Co-Chair: _____ Phone: _____

INCOME:

Ticket numbers _____ thru _____ sold
 Number of H.O.A. Member Tickets Sold: _____ @ _____ = _____
 Number of Non-H.O.A./Guest Tickets Sold: _____ @ _____ = _____
 Total Income From Ticket Sales: _____

Total Cash Received: _____
 Total Checks Received: _____
 Total Income: _____

Deposits to Treasurer:

Date:	Checks:	Cash:	Total Deposit:	Funds Given to:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<u>Total:</u>	_____	_____	_____	_____

If applicable, tickets refunded by Treasurer: _____

Expenses to Account for:

Less Entertainment: _____

Less Caterer/Food Cost/Beverage Cost): _____

Less Decorations: _____

Less Printing: _____

Less Miscellaneous (Specify):

Total Miscellaneous: _____

Total Expenses: _____

NET PROFIT/LOSS: _____ + or - _____

Submit this final form to the Activities Chair for review. Treasurer to receive a final copy of this form.