

FUND RAISER ACCOUNTABILITY FORM

**DUE BACK TO  
CENTRAL OFFICE  
10 DAYS AFTER EVENT.**

DATE: \_\_\_\_\_

FUNDRAISER: \_\_\_\_\_

PERSON RESPONSIBLE: \_\_\_\_\_

AMOUNT ACTUALLY RAISED: \_\_\_\_\_

\*\* EXPENSE TOTAL: \_\_\_\_\_

REMAINING FUNDS: \_\_\_\_\_

DISPOSITION OF REMAINING FUNDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY INVENTORY REMAINING FROM EVENT / HOW MUCH AND WHERE STORED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* ITEMIZED LISTING OF EXPENSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_