

TVCA ACCOUNTING (to be turned in to the office within 5 days after event)

DATE OF
EVENT: _____

NAME OF EVENT:

EVENT GROUP & CHAIRPERSON:

CHECK REQUEST: Office initial _____

PAYABLE TO: _____

PURPOSE OF REQUEST:

AMOUNT: _____

SIGNATURE: _____

INCOME:

Number of tickets sold _____ @ \$ _____ = \$ _____

Misc. Sales (food, crafts, etc.) _____

Drawings By Chance _____

Other: _____

GROSS SALES: \$ _____

EXPENSES:

Hall Rental (if applicable) \$ _____

Entertainment _____

Food _____

Misc. _____

TOTAL EXPENSES: \$ _____

SALES \$ _____ - EXPENSES \$ _____ : AMOUNT TO BE DEPOSITED WITH TVCA: \$ _____

PLEASE NOTE THAT RECEIPTS MUST BE ATTACHED AFTER COMPLETION OF EVENT

OFFICE RECEIVED BY: _____

TVCA Accounting Form Revised March 8, 2022