

**TVCA ACCOUNTING FORM**  
**(This form must be submitted to TVCA within 5 days of the event)**

Date of Event: \_\_\_\_\_ Date Form is Submitted \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Chairperson: \_\_\_\_\_

**INCOME:**

Number of Tickets Sold _____ @ \$ _____	= \$ _____
Miscellaneous Sales (food, Crafts, ETC.)	\$ _____
Chance Drawing	\$ _____
Donations / Cash	\$ _____
Other	\$ _____

**TOTAL SALES** \$ \_\_\_\_\_

**EXPENSES:**

Hall Rental (if applicable)	\$ _____
Entertainment	\$ _____
Food	\$ _____
Miscellaneous	\$ _____

**TOTAL EXPENSES** \$ \_\_\_\_\_

**All receipts MUST BE ATTACHED**

**SUMMARY:**

**SALES \$ \_\_\_\_\_ - EXPENSES \$ \_\_\_\_\_ = PROFIT TO EVENT ACCOUNT \$ \_\_\_\_\_**

Signature of Person Submitting Form \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Received by TVCA Treasurer or Board Member in Treasurers Absence