

Tamiami Village Veterans Accounting Form

(Form must be submitted to Veterans Association within 5 days of the event)

Date of Event: _____

Name of Event: _____

Donation Event Organizer: _____

INCOME:

Donations / Cash = \$ _____

Other = \$ _____

TOTAL COLLECTED \$ _____

EXPENSES:

Miscellaneous = \$ _____

All receipts MUST BE ATTACHED

TOTAL EXPENSE \$ _____

SUMMARY:

Collected \$ _____ - Expense \$ _____ = Profit to Account \$ _____

Signature of Person Submitting the Form _____

Date Submitted: _____

Received by: _____ Date Received: _____