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 Gross $_____
Donations / Cash $_____
Other $_____

TOTAL SALES $_____

EXPENSES:

Entertainment $_____
Food $_____
Chance Draw Payout $_____

TOTAL EXPENSES $_____
All receipts MUST BE ATTACHED

MONIES HELD $_____

SUMMARY:

SALES $_____- EXPENSES $_____= PROFIT TO EVENT ACCOUNT $_____

Signature of Person Submitting Form_____

_____Date_____
Received by TVCA Treasurer or Board Member in Treasurers Absence

Revised : November 4, 2026