

## Knights of Columbus St. John the Apostle Council 13467 Virginia Beach VA

## **ACTIVITY REPORT FORM**

Council Event:	Date of Event: :
Location:	Time of Event:
Event Chair:	
Purpose of event:	
Members assisting in this event:	
Results of this event:	



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Council Event:	Date of Event: :	
FINANCIAL INFORMATION	<b>A</b>	
Advanced Funding: (Yes / No) Check Number:	Amount:\$	
INCOME		
Tickets: Total Number Printed for the Event Price per Ticket: (\$) Number of Tickets Sold times the Price: \$  (a) TOTAL INCOME: \$		
EXPENSES (Receipts must be prov	vided)	
Rental: Clean up: ABC License: Beverages: Wine Beer Soda	\$	
Total Beverages:	\$	
Food: (specify on page 3) Entertainment: (specify on page 3) Decorations: (specify on page 3) Flowers: (specify on page 3) Awards: (specify on page 3) Administrative: (specify on page 3) Miscellaneous: (specify on page 3)	\$	
(b) TOTAL EXPENSES:	\$	
CLOSE-OUT  Event Balance: Income Total from Line (a): Subtract Expenses Total from Line (b): TOTAL PROFIT / LOSS:  Funds Returned to the Financial Secretary: Date:	\$ \$ \$	



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Specified Items of Expense:		
	Specified Items of Expense:	
Please Attach All Receipts with this Form		
Event Chair: Date Submitted:		