SMHA Team Fundraising Final Financial Statement

Team Name:

Parent Rep:

Telephone Number:

Date Submitted:

Budget Amount (from Team Fundraising Application):

***Fundraising Activity Gross Amount Net Amount***

1. $ $

2. $ $

3. $ $

4. $ $

 Total Funds Raised $ $

***EXPENSES****: (If tournament fees, please specify tournament name)*

1. $

2. $

3. $

4. $

5. $

 Total $

***FINAL BALANCE:***

Net Amount Raised $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ less Net Expenses $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If surplus remaining, please state intent:

Statement Completed by: *(Print Name)*

 *(Signature)*