

CHESAPEAKE H.O.G. CHAPTER #4355
EVENT / FINANCIAL WORKSHEET & REPORT

EVENT TYPE: _____

EVENT DATE: _____ **EVENT SPONSOR:** _____

CONTACT PERSON: _____

EXPENSES:	ITEMS	<u>COST</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

TOTAL EXPENDITURES:

INCOME:

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

ANALYSIS:

TOTAL INCOME: _____

TOTAL EXPENDITURES: _____

PROFIT (+) Deficit (-) _____

MISCELLANEOUS: _____

PLEASE ATTACH ALL RECEIPTS

SUBMITTED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

