

TROOP 956 EVENT REVENUE & EXPENSE TRACKING FORM

Event _____ Description _____

Event Date _____ Event Chairperson _____ Budget _____

Revenue

Item	Description	Amount	Date
1			
2			
3			
4			
5			

Comments:

Total Revenue \$ _____

Expenses					Reimbursements		
Item	Description	Amount	By Whom	Date	Check #	Date	To Whom
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total Expenses \$ _____

Event Net \$ _____

Receipt MUST be submitted for reimbursement. Only event chairperson may request reimbursements.

NOTE: ANY LINE ITEM EXPENSE OVER \$200 MUST HAVE SCOUTMASTER OR COMMITTEE CHAIRMAN APPROVAL.