

IMA FUNDRAISER EVENT REPORT

Event _____ Start Date _____ End Date _____

Chairperson(s) _____ Phone # _____

Email _____ Date Given to Financial Sec. _____

Income Details: All funds are to be given to Financial Secretary within 5 days of close or every 5 days for an ongoing fundraiser.

Amount	Date	Financial Secretary Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Total Income: _____

Expense Details: Any and all expenses are to be given to the Treasurer at least 5 days prior so that checks can be issued.

Check Written To	Amount	Date Given To Treasurer
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Total Expenses: _____

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} - \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \\
 \text{Income} \qquad \qquad \text{Expenses} \qquad \qquad \text{Net Profit to IMA}
 \end{array}$$

Reporting Chairpersons Signature _____

*******This report is to be turned in to the Financial Secretary at the end of each event. Also, a copy is needed for the event record. *******