

## Income Form for Statement of Activities Report (Tax Facts)

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Description of Project:	
	<b>Amount</b>
<b>Cash Total</b>	
<b>Checks Total Value:</b>	
<b>Total Collected</b>	
*Proceeds must be counted and recorded by Treasurer or Treasurer's designee prior to disbursement of any expenses i.e. raffle results, material cost, vendor payments, etc.	<b>*EXPENSES</b>
<b>Total</b>	

\_\_\_ Unrestricted Funds

\_\_\_ Restricted Funds \_\_\_\_\_

\_\_\_ Designated Funds: \_\_\_\_\_ EIN: \_\_\_\_\_ IRS Nonprofit code:  501 c3;  501 c4

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Treasurer Signature

(FOR TREASURER'S USE ONLY)    Income Form #:

Deposit Date: \_\_\_\_\_ Deposit # \_\_\_\_\_ Amount Posted \_\_\_\_\_

Notes:

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