



LANSING CHRISTIAN SCHOOL
EVENT REPORT
(Fundraising or other)

Date(s) of Event: _____
Name of Event: _____
Name of Class/Account: _____

Sales (Money taken in): \$ _____

Cost of Event:
Labor Expense (if any) \$ _____
Supplies & Materials \$ _____
Miscellaneous \$ _____
Miscellaneous \$ _____
Miscellaneous \$ _____
Miscellaneous \$ _____
Total Cost of Event \$ _____
(Add all expenses; attach separate sheets if easier)

Net Profit(cost) \$ _____
(Sales less total cost of event)

Amount deposited \$ _____
(To Linda Hornberger in the Main Office; List each deposit separately by date on attached sheet)

Explanation of variances between sales and cash deposited (if any)

Prepared By (Print) _____
Signature _____
Date _____
Parent/Staff Responsible _____
Date Sent to Main Office _____

This report is to be returned to the Main Office (to Linda Hornberger) with a copy of the signed Request for Fundraiser Activity or Event Form.