

SURFSIDE UNITED METHODIST CHURCH SPECIAL EVENT FINANCIAL REPORT

Organization

Event Name

Date(s)

Beginning Balance: _____

Revenue: (Include donations received as lump sum with itemized list on back.)

Source	Donations	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Revenue: _____

Expenses:

Source	_____	Amount	_____
Source	_____	Amount	_____
Source	_____	Amount	_____
Source	_____	Amount	_____
Source	_____	Amount	_____
Source	_____	Amount	_____

Total Expenses: _____

Donations Made from Income:

Recipient	_____	Amount	_____
Recipient	_____	Amount	_____
Recipient	_____	Amount	_____

Total Donations Made: _____

Ending Balance: _____

Signature

Signature

PLEASE ATTACH RECEIPTS.

