

Fundraising Event/Activity Financial Report

This form should be completed within *one month* of the event date.

Proceeds:

A. Charitable \$

B. Non-Charitable

C. Total Proceeds (A + B) \$

Expenses (Attach supporting documentation):

D. Total Cash Prizes \$

E. Total Non-Cash Prizes¹

F. Rent/Facility Costs

G. Food/Beverage Costs

H. Entertainment Expense

I. Other Expenses²

J. Total Expenses
(D+E+G+H+I)

Proceeds Over/(Under) Expenses (C-J) \$

Submitted by: _____ Phone: _____

ROUTE TO LSU HEALTH SCIENCES FOUNDATION

¹ Fair Market Value

² Printing, supplies, insurance, etc.