



*Amery Woman's Club*

PO Box 94 - Amery, WI 54001

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**EVENT/FUNDRAISING FINANCIAL REPORTING FORM**

**Activity:** \_\_\_\_\_

**Chair:** \_\_\_\_\_

**Restricted fund available (if any):** \_\_\_\_\_

**Expenses total:** \_\_\_\_\_

**Change bag amount received (if any):** \_\_\_\_\_

**Funds raised:** \_\_\_\_\_

**Total monies submitted to Treasurer:** \_\_\_\_\_

**Signatures:**

**Event Chair:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

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

(When event is complete, this form with itemized expenses should be submitted to Treasurer)