



LOCAL PROGRAM FUND-RAISER INCOME TRANSMITTAL

TEAM NAME: _____ AREA: _____ COMPLETED BY: _____

TYPE OF FUNDRAISER: _____

Please Note: The total of all funds raised must be calculated prior to making any expense deductions. ISO fund-raising expenses totaling less than \$50.00 (**must attach original receipts**) may be reimbursed from cash funds at the discretion of the LPC.

FUNDS RAISED

INCOME SOURCE	TOTAL CHECKS	TOTAL CASH	TOTAL AMOUNT
Merchandise & Sales Tax	\$	\$	\$
Raffle Tickets	\$	\$	\$
Entry Fees	\$	\$	\$
Concessions	\$	\$	\$
Other (please describe)	\$	\$	\$
Other (please describe)	\$	\$	\$
TOTAL FUNDS RAISED	\$	\$	\$

DEDUCTED EXPENSES

VENDOR NAME	EXPENSE DESCRIPTION	AMOUNT
		\$
		\$
		\$
		\$
TOTAL DEDUCTIONS		\$

RECEIPTS RECONCILIATION

Starting CASH	\$		*Pledged Receipts to be Collected	Amount
Funds Raised - CASH	(+)\$			\$
Sub-Total - CASH	= \$			\$
Less expenses - CASH	(-) \$			\$
Total - CASH	= \$			\$
Funds Raised - CHECKS	(+)\$			\$
TOTAL Reconciled Receipts	= \$		TOTAL - Receipts to be Collected	\$
VARIANCE (over / short)	\$		*Forward pledged receipts as they are collected.	
TOTAL Receipts Enclosed	= \$			

Please mail fundraising receipts and completed form to: Idaho Special Olympics, 8426 Fairview Ave., Boise, ID, 83704.
DO NOT SEND CASH THOUGH THE MAIL, convert all cash to a money order prior to forwarding.

Office Use Only: Total Received: _____ Date Received: _____ Verified By: _____
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