



## 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)	\$	\$	\$
<b>TOTAL FUNDS RAISED</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### DEDUCTED EXPENSES

VENDOR NAME	EXPENSE DESCRIPTION	AMOUNT
		\$
		\$
		\$
		\$
<b>TOTAL DEDUCTIONS</b>		<b>\$</b>

### 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	= \$		<b>TOTAL - Receipts to be Collected</b>	<b>\$</b>
VARIANCE (over / short)	\$		*Forward pledged receipts as they are collected.	
TOTAL Receipts Enclosed	= \$			

Please mail fundraising receipts and completed form to: Idaho Special Olympics, 199 E 52nd St Garden City, ID 83714.

**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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