

Municipal Raffle Financial Report

PLEASE PRINT

Organization Name _____

Address _____

Date Raffle Sales Began: _____ Raffle Draw Date: _____

TICKETS PRINTED	TICKETS UNSOLD	TICKETS SOLD	X	SELLING PRICE PER TICKET	=	GROSS REVENUE
			X		=	
			X		=	
			X		=	

GROSS REVENUE: 1) \$ _____

PRIZES AWARDED: 2) \$ (_____)

SUMMARY OF EXPENSES:

RAFFLE TICKET PRINTING \$ _____

OTHER PRINTING COSTS \$ _____

ADVERTISING \$ _____

WAGES \$ _____

OTHER (SPECIFY) _____ \$ _____

LICENSE FEE \$ _____

TOTAL EXPENSES: 3) \$ (_____)

NET PROFIT (LOSS) (Line 1 - 2 - 3): 4) \$ _____

Please remember that this form and all supporting receipts must be kept for at least three years.

DETAILS OF HOW NET PROFITS FROM LINE 4 (on the reverse) WERE SPENT:

DATE	CK #	NAME	ADDRESS	DESCRIPTION <small>(Charitable purpose or project)</small>	\$ AMOUNT
<p>If further space is required to list additional disbursements of net proceeds, please attach as many extra pages as necessary.</p>					<p align="right">TOTAL E</p>

Please enter the name and telephone number of the person completing this report.

Name: _____ Phone: _____