

Arrowhead District Event Closing Statement

- (1) Only Original Receipts will be accepted. Please make a copy of original receipts for your records
 (2) Report due within three (3) days of event to District Chairman and/or District Executive.

Type of Event:	Date of Event:	District: Arrowhead
Prepared By:	Unit Cost:	Per Scout Fee:

Actual Attendance:		Attendees Not Charged:		
Youth:	Adults:	Staff:	Units:	Other:

INCOME	Actual Amount
Total Cash Income	
Total Checks Income	
External Income	
TOTAL INCOME:	
Expenses	
Petty Cash / Start Up Fees (Please itemize on back)	
Program Supplies (Please itemize back)	
Office Supplies	
Site Rental Fees / Donation	
Port-a-Potty Rental	
Registration	
Other (Please Specify)	
TOTAL EXPENSES	
BALANCE (Net Income)	

Event Chairman _____ Date _____

Event Co-Chairman _____ Date _____

District Chairman: _____ Date: _____

