Clinton Sports Boosters
Fundraising Report

Please complete and return to Carla Pascucci, treasurer, Clinton Sports Boosters.

Team: 
Fundraiser: 
Date: 

Receipts: 
Cash ____________________
Checks ____________________
*Total ____________________

*This total should equal the total of your deposits to Access Federal Credit Union. Please do not use fundraiser proceeds to reimburse any fundraiser expenses.

Expenses: Please use the area below to report expenses and to indicate if a check is needed from sports boosters to pay a vendor or reimburse someone who purchased supplies. You may group expenses by type or the person who is needing reimbursement.

1. Expense type and amount: ___________________________________________________
   Check requested? Yes    No
   Check payable to: ___________________________________________________________
   Send check to: _____________________________________________________________

2. Expense type and amount: ___________________________________________________
   Check requested? Yes    No
   Check payable to: ___________________________________________________________
   Send check to: _____________________________________________________________

*Total Expenses: ____________________
*Should equal the total of all attached receipts. Reimbursements can’t be made without a receipt. Please use the back of this paper if additional room is needed for expenses.

Signed (Coach): ____________________ Signed (Parent): ____________________