



**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): _____