

Local Partnership Committee Fundraising/Expense Report

DATE: _____ **ACTIVITY/EVENT:** _____ **LPC:** _____

Submitted by: _____

INCOME	Count (# of checks, charges or bills)	TOTALS
CHECKS		
COINS		
CASH	\$ 1	
	\$ 5	
	\$ 10	
	\$20	
CHARGES		
TOTAL		

Check Request

Cost Description:

Check Information:

Amount: \$

Payable to:

Delivery Instructions: Hold in Office or Mail

Attn: _____

EXPENSE deducted from TOTAL INCOME
Receipts required – attach to sheet

Description	Amount
TOTAL	

INCOME – EXPENSE (enclosed/requested amount): \$

LPC Treasurer: _____

LPC Chairperson: _____