



CHAIRPERSON EVENT TRACKER

Available at: www.ahfbaltic.org/alumnae

Alumnae Association
54 West Main Street, P.O. Box 691
Baltic, CT 06330 USA

Part A: To be Filled Out by Event Chairperson at Completion of Event

Name: _____ **Date:** _____

Description of Event:
(ex., Spaghetti Supper)

Date of Event: _____

Section A: Make a copy of this form after filling out Sec. A. Turn original in to office with money.

Breakdown of Gross Profits for Event:

Itemized Breakdown each component Of Event: (ex., Raffle tickets)		Initials of Person Submitting Funds to Chair from Event Component:
1. _____	\$ _____.	_____
2. _____	\$ _____.	_____
3. _____	\$ _____.	_____
4. _____	\$ _____.	_____
5. _____	\$ _____.	_____
6. _____	\$ _____.	_____
Total Profits:	\$ _____.	

Section B: On copy of this form, fill in expenses, attach receipts, invoices and bills to be paid. Turn in to office.

Breakdown of Expenses for Event:

Itemized Breakdown each component Of Event: (ex., cost of raffle tickets)		
1. _____	\$ _____.	
2. _____	\$ _____.	
3. _____	\$ _____.	
4. _____	\$ _____.	
5. _____	\$ _____.	
6. _____	\$ _____.	
Total Expenses:	\$ _____.	

