

THOMASTON PUBLIC SCHOOLS
Thomaston, Connecticut

FUND-RAISING ACTIVITY FOLLOW-UP FORM # 1324, 3281

School: _____ Date: _____

Organization: _____

Supervisor/Contact Person: _____

Proposed date of event: _____

Section B - To be completed by the supervisor/contact person of the following authorized fund-raising activity.

Has the authorized fund raising event taken place: Yes No

Did the event take place on the proposed date: Yes No

In no, please explain: _____

Date gift or donation received: _____

Actual value of gift or donation: _____

If other than gift or donation: _____

Actual gross revenue received from event: \$ _____

Expenses (if any) incurred to run event:

(Please describe and itemize)

(If needed attach separate sheet)

Total Expenses: \$ _____

Signature of Supervisor: _____ Date: _____