

NATIONAL CERVICAL CANCER COALITION

Activity Results Report

First name	Last name	
Address		
City	State	Zip
Phone	Email	
Event Name		
Event start date	Event end date	

RECEIPTS:

Contributions (cash & checks) \$ _____
 Ticket sales or admission charges \$ _____
 Sale of advertising space \$ _____
 Amounts received from other sources (Please itemize, attach list) \$ _____
 Pledges \$ _____
 Subtotal \$ _____
 Less federal, state and city taxes (if applicable) \$ _____
TOTAL RECEIPTS \$ _____

FUNDRAISING EXPENSES:

Music \$ _____
 Rentals or purchase of equipment \$ _____
 Printing, postage, stationery \$ _____
 Telephone, television or radio time \$ _____
 Advertising/Publicity \$ _____
 Decorations, favors, Merchandise, food \$ _____
 Prizes \$ _____
 Room rental \$ _____
 Other Expenditures (Please Itemize, Attach List) \$ _____
TOTAL EXPENSES \$ _____
NET REMAINING \$ _____

FUNDS DISTRIBUTED TO THE NATIONAL CERVICAL CANCER COALITION

Amount \$ _____

Signature _____ Date _____

THIS REPORT MUST BE SIGNED AND RETURNED TO THE NATIONAL CERVICAL CANCER COALITION (NCCC) WITHIN 30 DAYS AFTER CLOSE OF EVENT.



FOR INTERNAL USE	
Reviewed by _____	_____
Date _____	_____
Approved by _____	_____
Date _____	_____