



The Exchange Club of Ocean City, New Jersey
 Post Office Box 657
 Ocean City, NJ 08226

Final Event Report

Date: _____

Event Name: _____

Event Date(s): _____

Event Coordinator: _____

NOTE: Must be submitted to the Treasurer with all checks, monies, receipts, etc. NLT 60 days after event.

INCOME - Accounts Receivable:

| Category | Amount (\$) |
|-----------------------|-------------|
| Sale Item: | |
| Sale item: | |
| 50 / 50 Sales | |
| Raffle Tickets | |
| Event Sponsors | |
| Food & Beverage Sales | |
| Ticket Sales | |
| Entry Fees | |
| Donations | |
| Other: | |
| | |
| | |
| | |
| Total | |

EXPENSES - Accounts Payable

| Category | Amount (\$) |
|--------------------------------------|-------------|
| Up front Seed Money | |
| Deposits | |
| Beverage Purchases | |
| Food Purchases | |
| Paper Products Purchases | |
| Media / Advertisement Costs | |
| Printing (Tickets, Programs, Flyers) | |
| Certificates / Trophies / Plaques | |
| Permits: | |
| Rental(s): | |
| Postage | |
| Gift Certificates | |
| Misc./ Other Total: (List below) | |
| | |
| Total | |

Net Profits

Profits Distributed to: _____

| Attached Monies | Amount |
|------------------------------|--------|
| Cash: | |
| Checks: | |
| Other: | |
| | |
| | |
| | |
| Total Monies Attached | |
| | |
| Monies Due | |

| Misc. or Other Details | Amount |
|---------------------------------------|--------|
| Prizes | |
| Dumpster & /or Porta Potti | |
| Support: Fire Dept., Boy Scouts, etc. | |
| Parking Expenses | |
| Facility Cost | |
| Transportation | |
| Dinner Expense / Entertainment | |
| Other: | |
| | |