

COLUMBUS CHARITIES –TOOTSIE ROLL PROGRAM

Helping People with Disabilities

Council Drive Report Form

COUNCIL NO. _____ DISTRICT NO. _____ DATE _____

PLEASE COMPLETE THE ENTIRE FORM

GROSS REVENUE	\$ _____
Less Allowable Expenses	
1. Candy Cost	\$ _____
(Attach copy of invoice, date paid and check no.)	
2. Apron Cost	\$ _____
(Attach copy of invoice, date paid and check no.)	
3. Direct postage expense	\$ _____
(Attach copy of receipt)	
4. Direct printing expense	\$ _____
(Attach copy of receipt)	
5. Total Expenses	\$ _____
(Sum of lines 1 thru 4)	
6. Total remittance to Columbus Charities, Inc	\$ _____
(Subtract line 5 from Gross Revenues)	
7. Number of leftover candy cases	_____

Invoices and receipts must support all expenses. Attach all documentation to this form and mail with your check or money order. Checks must be payable to Columbus Charities –Tootsie Roll Program.

THIS REPORT MUST BE SUBMITTED NO LATER THAN THIRTY (30) DAYS FROM THE LAST DAY OF THE DRIVE

Mail Original form, receipts and check to:

Tommy LaCour
State Chairman Tootsie Roll Program
372 Canal Dr SE
Ocean Shores, WA. 98569
(206) 380-0749
e-mail tootsieroller@kofc-wa.org

Retain a copy for your Council records

We hereby certify under penalty of perjury that the above accounting is true and correct.

Signatures _____
Grand Knight Financial Secretary

Name of Council Tootsie Roll Chairman (please print)_____