PGIslanders Cruising Club Event Profit and Loss Statement

Please Circle One ***Social Event*** ***Cruise Event*** ***Other*** _____

Event Name/Expense Purpose : _____ _____

Event/Expense Date : _____ # Participants : _____ Tickets $: _____

Event Coordinator(s) : _____

Please complete the Proceeds Report and Summerize below.

Event Expense Summary

Revenue	**Cash $**	**Checks $**	**Total $**
From Members			
Other Income			
Total Income			

Please attach receipts with name and address of the member requesting reimbursement on each receipt.

Description	**Expense(s)**
Total Expense	
NetProfit or Loss	

Report Submitted by (Event Chair) _____ Printed _____ Signature _____ Date

Please have appropriate member of the Board of Directors approve this form **

_____ _____ _____

Committee Chair (Printed) Signature Date

** To comply with Operating Policies Item 2, "Board of Directors members must have their own expenses approved by another member of the Board of Directors not on their Committee."

PGIslanders Cruising Club Proceeds Report

Count *	Name	Cash	Check	Check No.
	Totals:			

* Count is the number of persons this amount applies to.