



POST 101 COMMITTEE/EVENT FUNDS DEPOSIT FORM

Please complete the form below, and place with the funds in a sealed envelope and contact the Treasurer (Chuck Woodruff, 137 Rose Haven Road, woody290@cox.net, 860-436-8386), to arrange timely delivery.

Name: _____ Title/Position: _____ Date of Event: _____

Post 101 Event/Activity: _____

ITEMIZED DEPOSITS

Flea Market Legion Sales

Total Paying Vendors (TTL Vendors Minus Legion Members) _____

Total Vendor's Revenue (TTL Paying vendors * rate) \$ _____

Miscellaneous Deposits (identify) _____ \$ _____ **Total Flea Market Sales:** \$ _____

FUND RAISER SALES/MERCHANDISE SOLD (inventory) (attach additional Item spreadsheet if needed)

Item _____ qty _____ \$ _____	Item _____ qty _____ \$ _____	Item _____ qty _____ \$ _____
Item _____ qty _____ \$ _____	Item _____ qty _____ \$ _____	Item _____ qty _____ \$ _____
Item _____ qty _____ \$ _____	Item _____ qty _____ \$ _____	Item _____ qty _____ \$ _____

Total Inventory: \$ _____ **Total Donations** (cash, checks, credit - itemize below): \$ _____

CASH (Sales & Donations)

\$1's _____ \$5's _____ \$10's _____ \$20's _____ \$50's _____ Other \$ _____ **Total Cash:** \$ _____

CHECKS (attach additional check spreadsheet if necessary)

Check# _____ Payer _____ amount \$ _____	Check# _____ Payer _____ amount \$ _____
Check# _____ Payer _____ amount \$ _____	Check# _____ Payer _____ amount \$ _____
Check# _____ Payer _____ amount \$ _____	Check# _____ Payer _____ amount \$ _____
Check# _____ Payer _____ amount \$ _____	Check# _____ Payer _____ amount \$ _____
Check# _____ Payer _____ amount \$ _____	Check# _____ Payer _____ amount \$ _____
Check# _____ Payer _____ amount \$ _____	Check# _____ Payer _____ amount \$ _____
Check# _____ Payer _____ amount \$ _____	Check# _____ Payer _____ amount \$ _____

Total Checks: \$ _____

CREDIT CARD

Total Credit Sales (Attach itemized credit card report from Squareup): \$ _____

Total Deposit (cash+checks+ credit): \$ _____

Gross Profit (Sales/Donations minus Inventory (cost of goods sold): \$ _____

Submitted by: _____

Witnessed by: _____

Received by: _____ Date: _____

Finance Officer Signature