



# FUNDRAISER RESULTS SUMMARY

This form is to be completed once your fundraiser is finished, and returned to Raise The Gong Inc within fourteen (14) days. This form can be submitted via email [fundraising@raisethegong.org.au](mailto:fundraising@raisethegong.org.au) or fax 02 9012 0372, or post P. O. Box 1893, Wollongong NSW 2500. Please ensure you have included all relevant documentation, or have forwarded this separately.

Event Name: \_\_\_\_\_ Date of Event : \_\_\_\_\_

Organiser Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

The total (gross) income generated by the fundraiser was \$ \_\_\_\_\_, and I have deducted expenses (as shown on Page 2) of \$ \_\_\_\_\_

Therefore, the net proceeds for Raise The Gong are \$ \_\_\_\_\_

***Please complete the Financial breakdown tables on Page 2 before submitting this form.***

I hereby declare I have completed this form honestly and accurately, and have complied with the terms of conditions of my Fundraising Authority at all times when conducting this event. The monies have been counted by two persons and this declaration is included.

Signature of Event Organiser: \_\_\_\_\_ Date: \_\_\_\_\_

Payment will be made via:

- Cheque made out to Raise The Gong Inc
- Direct deposit to "Raise The Gong Inc" Bendigo Bank Fairy Meadow BSB 633-000 ACC 134026152
- Delivery to a Raise The Gong committee member

***Please ensure the following documentation accompanies this form:***

- Receipts of expenses incurred
- Donor Receipt Register
- Credit Card payment forms
- Proof of bank deposit (if applicable)



# BREAKDOWN OF FUNDS AND EXPENSES

TOTAL MONIES		\$
Cash	<b>CASH BREAKDOWN</b>	
	Denom.	Amount
	100	\$
	50	\$
	20	\$
	10	\$
	5	\$
	2	\$
	1	\$
	Silver	\$
<b>TOTAL CASH \$</b>		
Cheques	\$	
Credit Card payments	\$	
Other	\$	

Cash and funds raised during the event must be counted with two persons present. The following persons hereby declare the count of funds to be a true and accurate representative of monies raised at the event:

Name: \_\_\_\_\_  
 Role: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Role: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EXPENSES

				TOTAL EXPENSES INCURRED	\$
Date	Supplier Paid	Description of Purchase	Receipt	Amount	
			<input type="checkbox"/>	\$	
			<input type="checkbox"/>	\$	
			<input type="checkbox"/>	\$	
			<input type="checkbox"/>	\$	
			<input type="checkbox"/>	\$	
			<input type="checkbox"/>	\$	
			<input type="checkbox"/>	\$	

(for additional expenses, please attach separate itemised list)