

Knights of Columbus  
St. John the Apostle Council 13467  
Virginia Beach VA

**ACTIVITY REPORT FORM**

Council Event: \_\_\_\_\_ Date of this Event: \_\_\_\_\_  
Event Chair: \_\_\_\_\_

Advanced Funding : (Yes / No) Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**INCOME**

Tickets: Total Number Printed for the Event \_\_\_\_\_  
Price per Ticket: (\$ \_\_\_\_\_)  
Number of Tickets Sold times the Price: \$ \_\_\_\_\_

**(a) TOTAL INCOME:** \_\_\_\_\_ \$ \_\_\_\_\_

**EXPENSES**

(Receipts must be provided)

Rental: \$ \_\_\_\_\_  
Clean up: \$ \_\_\_\_\_  
ABC License: \$ \_\_\_\_\_  
Beverages:  
Wine \$ \_\_\_\_\_  
Beer \$ \_\_\_\_\_  
Soda \$ \_\_\_\_\_  
Total Beverages: \$ \_\_\_\_\_  
Food: (specify on page two) \$ \_\_\_\_\_  
Entertainment: (specify on page two) \$ \_\_\_\_\_  
Decorations: (specify on page two) \$ \_\_\_\_\_  
Flowers: (specify on page two) \$ \_\_\_\_\_  
Prizes: (specify on page two) \$ \_\_\_\_\_  
Administrative: (specify on page two) \$ \_\_\_\_\_  
Miscellaneous: (specify on page two) \$ \_\_\_\_\_

**(b) TOTAL EXPENSES:** \_\_\_\_\_ \$ \_\_\_\_\_

**CLOSE-OUT**

Event Balance: Income Total from Line (a): \$ \_\_\_\_\_  
Subtract Expenses Total from Line (b): \$ \_\_\_\_\_  
TOTAL PROFIT / LOSS: \$ \_\_\_\_\_

Funds Returned to the Financial Secretary: Date: \_\_\_\_\_ \$ \_\_\_\_\_

