



## Booster Club, PTA, or PTO Managed Camps, Classes, Clinics, and Leagues Financial Statement

This financial statement and the Excel spreadsheet (available at [www.fcps.edu/fts/comuse/boosters.shtml](http://www.fcps.edu/fts/comuse/boosters.shtml)) are to be submitted to the Community Use Section and school finance technician within four weeks after the completion of each activity with FCPS paid employees. Reimbursement check and Excel spreadsheet are to be submitted to FCPS Accounting Section. Failure to do so may result in disapproval for the next camp, clinic, or league application submitted for approval.

(Activity) \_\_\_\_\_ (Location) \_\_\_\_\_ (Inclusive Dates for Session) \_\_\_\_\_  
 Session \_\_\_\_\_ of \_\_\_\_\_ Sessions(s)

Booster Club, PTA or PTO

<u>INCOME</u>	Number of Participants	Fees per Session	Total
	_____	x _____ =	\$ _____
	_____	x _____ =	_____
	_____	x _____ =	_____
		Subtotal	\$ _____
		Less Refunds	\$ _____
		Total Income	\$ _____

**EXPENDITURES**

Personnel

Name	Title	Amount	Amount
		\$ _____	Equipment (attach list) \$ _____
		\$ _____	Supplies \$ _____
		\$ _____	Turf Replacement Fund (separate check sent to CUS) \$ _____
		\$ _____	Printing \$ _____
		\$ _____	Awards \$ _____
		\$ _____	Postage \$ _____
		\$ _____	Custodial Services \$ _____
		\$ _____	Insurance \$ _____
		\$ _____	Other \$ _____

(please specify)

Counselors \$ \_\_\_\_\_

Guest Lecturer(s) \$ \_\_\_\_\_

Total Personnel Expenses \$ \_\_\_\_\_

Total Other Expenses \$ \_\_\_\_\_

**Sent to Financial Services Accounting Section with Excel spreadsheet:**

Check# \_\_\_\_\_ Date \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Income \$ \_\_\_\_\_

Profit \$ \_\_\_\_\_

I certify that, to the best of my knowledge, the above is a true and accurate accounting for the activity. All obligations have been satisfied.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 (Booster, PTA, or PTO Representative – **please print**)

Phone \_\_\_\_\_ Date \_\_\_\_\_ E-Mail \_\_\_\_\_