

Columbian Foundation Supporting People with Intellectual Disabilities, Inc.

COUNCIL DRIVE REPORT FORM

COUNCIL NO. _____ DISTRICT NO. _____ DATE _____

PLEASE FILL OUT ENTIRE FORM

GROSS REVENUE \$ _____

Less Allowable Expenses:

1. Candy Cost \$ _____
(Attach copy of invoice, date paid and check number)
2. Apron Cost \$ _____
(Attach copy of invoice, date paid and check number)
3. Direct Postage Expense - If Applicable \$ _____
(Attach copy of receipts)
4. Direct Printing Expense - If Applicable \$ _____
(Attach copy of receipts)
5. Total Expenses \$ _____
(Sum of lines 1 thru 4)
6. Total Remittance to Columbian Foundation \$ _____
(Subtract line 5 from Gross Revenue)
7. Number of leftover candy cases _____ Leftover Candy Cases

Note: Invoices or Receipts must support All expenses.

Attach such documentation to this form and mail with your check.

**THIS REPORT MUST BE SUBMITTED THIRTY (30) DAYS
FROM THE LAST DAY OF THE DRIVE**

Make check payable to: Columbian Foundation Supporting People with Intellectual Disabilities, Inc.

MAIL FORM AND CHECK TO:

Melvin Picanco Tel: 209.629.8051
2454 Shadow Berry Dr. Fax: 209.629.8051
Manteca, CA 95336 mpicanco@comcast.net

RETAIN COPY FOR YOUR COUNCIL RECORDS

We hereby certify under penalty of perjury that the above accounting is true and correct.

Signatures _____
Grand Knight

Financial Secretary