

NAME OF PO/UA: _____

**PRIVATE ORGANIZATIONS/UNOFFICIAL ACTIVITIES
ANNUAL BUDGET OR INCOME AND EXPENSE STATEMENT
FY _____**

INCOME	
A. Sales	
B. Cost of Sales	
C. GROSS PROFIT (A-B)	
D. Dues	
E. Bake Sales	
F. Car Washes	
G. TOTAL REVENUE (C+D+E+F)	
EXPENSES	
H. Gifts	
I. Flowers	
J. Decorations	
K. Printing/Advertising	
L. Child Care Charges	
M. Awards	
N. TOTAL EXPENSES (H+I+J+K+L+M)	
NET INCOME/(LOSS) (G-N)	

_____ Date

_____ Name of Person Making Report/Phone #