ITALIAN-AMERICAN CLUB OF LIVONIA FINAL COMMITTEE REPORT*

NAME OF EVENT:		DATE:
DATE REPOR	RT SUBMITTED:	
A. REVENUE RECEIPTS: (list	t all sources of revenue such as admission to Food sales, etc. Show units and price on a	
MEMBER TICKETS:	PRICE:	\$
NON MEMBER TICKETS:	PRICE:	\$
CHILD TICKETS:	PRICE:	\$
	TOTAL TICKETS SALE:	\$
OTHER REVENUE:		\$
	TOTAL REVENUE	ES: \$
B. COSTS EXPENDITURES:	(List all expenses and attach receipts)	
SUPPLIER	<u>ITEM</u>	<u>AMOUNT</u>
IABC:		
BAND:		
FLOWERS:		
PRINTING:		
MISC.:		
TOTAL EXPENDITURES:	\$	
NET PROFIT: (OR)	\$	
NET LOSS:	\$	
	RSON : THIN 14 DAYS OF EVENT PER CONST	<u> </u>
REV. 1/25/07		