AREA COOPERATIVE EDUCATION SERVICES
North Haven, Connecticut 06776

FUND-RAISING ACTIVITY FOLLOW-UP FORM # 1324 A, 3281 A

School: _________________________________ Date: _________________________________

Organization: ________________________________________________________________

Supervisor/Contact Person: ______________________________________________________

Proposed date of event: _________________________________________________________

Section B - To be completed by the supervisor/contact person of the following authorized fundraising activity.

Has the authorized fund raising event taken place:  ☐ Yes ☐ No

Did the event take place on the proposed date:  ☐ Yes ☐ No

If no, please explain: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date gift or donation received: _________________________________

Actual value of gift or donation: _________________________________

If other gift or donation: _________________________________

Actual gross revenue received from event: _________________________________

Expenses (if any) incurred to run event:
(Please describe and itemize)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(If needed attach separate sheet)

Total Expenses: $ _________________________________

Signature of Supervisor: _________________________ Date: _________________________________