

# COLUMBUS CHARITIES –TOOTSIE ROLL PROGRAM

## Helping People with Disabilities

### Council Drive Report Form

COUNCIL NO. \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_ DATE \_\_\_\_\_

#### PLEASE COMPLETE THE ENTIRE FORM

<b>GROSS REVENUE</b>	\$ _____
<b>Less Allowable Expenses</b>	
<b>1. Candy Cost</b>	\$ _____
(Attach copy of invoice, date paid and check no.)	
<b>2. Apron Cost</b>	\$ _____
(Attach copy of invoice, date paid and check no.)	
<b>3. Direct postage expense</b>	\$ _____
(Attach copy of receipt)	
<b>4. Direct printing expense</b>	\$ _____
(Attach copy of receipt)	
<b>5. Total Expenses</b>	\$ _____
(Sum of lines 1 thru 4)	
<b>6. Total remittance to Columbus Charities, Inc</b>	\$ _____
(Subtract line 5 from Gross Revenues)	
<b>7. Number of leftover candy cases</b>	_____

**Invoices and receipts must support all expenses. Attach all documentation to this form and mail with your check or money order. Checks must be payable to Columbus Charities –Tootsie Roll Program.**

**THIS REPORT MUST BE SUBMITTED NO LATER THAN THIRTY (30) DAYS FROM THE LAST DAY OF THE DRIVE**

Mail Original form, receipts and check to:

**Kim Washburn**  
10555 Fox Rd  
Leavenworth, WA 98826 509-822-1093  
[tootsieroll@kofc-wa.org](mailto:tootsieroll@kofc-wa.org)

#### Retain a 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

Name of Council Tootsie Roll Chairman (please print) \_\_\_\_\_