Trefoil Event Summary Form

1. Submit a report with receipts to the Treasurer & submit a copy of report with flyer/ schedule/ program to the Service Area Manager.
2. For any advance payments for a deposit contact the Treasurer early.
3. Attatch any additional information as needed.

Event Name_____**Date/Time**_____

Event Location_____

Chairperson/Committee_____**phone** _____

Activity/ServiceProject_____

Participating Troop Totals: D_____ **BR**_____ **JR**_____ **CD**_____ **SR**_____ **AM** _____

Additional Activity Insurance needed? _____ **amount purchased**_____

Income:

	Cost per scout	# participants	Total Income	Other
Projected				
Actual				
Donations				

Actual Total Income:_____

Expenses:

Item/Description	Projected Cost	Actual Cost	Reimbursement Payable to:	SA check #

Income Total _____ **(-) Expenses Total =**_____ **profit or loss**

Reimbursement(s) : _____ **Marburger Account or** _____ **Service Area Account**

EC signature_____ **Treasurer Initials** _____

For future event planning, please give your valuable input:

Positive Comments (what worked):

Things to Change: