Columbian Foundation for People With Mental Retardation Inc.

COUNCIL DRIVE REPORT FORM

COUNCIL NO. _____ DISTRICT NO. _____ DATE _____

PLEASE FILL OUT ENTIRE FORM

GROSS REVENUE $_____

Less Allowable Expenses:

1. **Candy Cost (Councils are to pay their invoices directly to the Tootsie Roll Company)** $_____
   (Attach copy of invoice, date paid and check number)
2. **Apron Cost** $_____
   (Attach copy of invoice, date paid and check number)
3. **Direct Postage Expense - If Applicable** $_____
   (Attach copy of receipts)
4. **Direct Printing Expense - If Applicable** $_____
   (Attach copy of receipts)
5. **Permit Expense - If Applicable** $_____
   (Attach copy of receipts)
6. **Total Expenses** $_____
   (Sum of lines 1 thru 5)
7. **Total Remittance to Columbian Foundation** **$**_____
   (Subtract line 6 from Gross Revenue)
8. **Number of leftover candy cases** _____ **Leftover Candy Cases**

Note: Invoices or Receipts must support All expenses.
Attach such documentation to this form and mail with your check.

THIS REPORT MUST BE SUBMITTED THIRTY (30) DAYS FROM THE LAST DAY OF THE DRIVE

Make check payable to: Columbian Foundation For People with Mental Retardation, Inc.

MAIL WHITE COPY AND CHECK TO:

Melvin Picanco
2454 Shadow Berry Dr.
Manteca, CA 95336

Tel: 209.629.8051
Fax: 209.629.8051
mpicanco@comcast.net

RETAIN THE YELLOW 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

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