

**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 \$ \_\_\_\_\_  
(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. Total Expenses \$ \_\_\_\_\_  
(Sum of lines 1 thru 4)
  
- 6. Total Remittance to Columbian Foundation \$ \_\_\_\_\_  
(Subtract line 5 from Gross Revenue)
- 7. 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                      Tel: 209.629.8051  
2454 Shadow Berry Dr.              Fax: 209.629.8051  
Manteca, CA 95336                  picanco@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