

St John's--Proposed Fund Raising Activity (Dated 11/12/09)

Originator _____ Date _____

Planned Event _____ Date(s) of Event _____

Purpose of Event:

Support Required (People/Seed Money) _____

Ministry/Account Recipient of Funds _____

Account Number _____

Estimated Costs of the Event Item Description (Supplies, Labor, Service Provider, etc.)	Estimated Item Cost	Source
Estimated Total		

Source of Funds _____

Charge Accounts & Amounts _____

Estimated Gross Proceeds _____ Costs _____

Estimated Net Profits _____

Coordination: (As Applicable)

Assistant Rector _____ Date _____

Rector: _____ Date _____

Vestry Approved/Date _____ Disapproved/Date _____

Reference Vestry Minutes (Dated) _____