



**DISABLED AMERICAN VETERANS
DEPARTMENT OF NORTH CAROLINA
CHAPTER FUND RAISING ACTIVITY REPORT**

CHAPTER NAME / NUMBER

DATE OF PROJECT

Individual

NAME OF PROJECT
(Please Check One)

Continuous

SUBMIT REPORT AND PAYMENT TO DEPARTMENT SERVICE FOUNDATION BEFORE

TOTAL GROSS INCOME:

\$

(ITEMIZE EACH EXPENSE BELOW):

PROJECT EXPENSES:

1.

\$

2.

\$

3.

\$

TOTAL EXPENSES:

\$

NET INCOME:

(Subtract Total Expenses from Total Gross Income)

\$

AMOUNT DUE DEPARTMENT SERVICE FOUNDATION(10% Of Net Income)

\$

AUTHORIZED CHAPTER SIGNATURE

TITLE

DATE OF RECEIPT:

CHECK NUMBER:

CHECK AMOUNT:

DEPARTMENT ADJUTANT