



Reconciliation: Event Revenue

Event Number

Checked by	Date	Verified by	Date

Event Name: _____

Submitted by: _____

Chairperson: _____

Address: _____

City, State Zip: _____

Phone: _____

E-mail Address: _____

Date Submitted: _____

Co-Chairperson: _____

Address: _____

City, State Zip: _____

Phone: _____

E-mail Address: _____

Revenue			Deposits		
Participants	@ Fee	= Revenue	Date	Notes	Amount
Total Gross Revenue					
Total Refunds					
Net Revenue (Net Revenue = Gross Revenue - Refunds)			Total Deposits Less Return Checks Less Refunds Net Deposits		
Adjustments To Revenue					
<p style="margin: 0;"> Net Revenue = _____ Less Total Expenses - _____ (From Form UC004) Event Net Revenue or (Loss) = _____ </p>					
Attach a copy of completed Form UC004 (Reconciliation: Event Expenses)					