

PROJECT FINANCIAL REPORT

DATE OF REPORT _____

UNIT/CLUB/AUXILIARY _____

CAPTAIN/PRESIDENT'S NAME _____

ADDRESS _____

NAME & DESCRIPTION OF PROJECT _____

DATE PROJECT BEGINS _____

DATE PROJECT ENDS _____

TOTAL MONIES TAKEN IN ON PROJECT \$ _____

LESS TOTAL EXPENSES \$ _____

NOTE: Attach itemized list of expenses

NET PROFIT FROM PROJECT \$ _____

PROFIT WAS USED FOR _____

IF HOSPITAL PROJECT MAKE CHECK PAYABLE TO SHRINERS HOSPITAL FOR CHILDREN

IF FRATERNAL PROJECT MAKE CHECK PAYABLE TO HEJAZ TEMPLE

NET REMITTED \$ _____

PERCENT OF TOTAL PROFIT BEING REMITTED \$ _____

NOTE: This report is due in the Temple Office sixty (60) days after project is completed