

**Special Olympics Kentucky, Inc. - Program**

**Summary of Receipts and Disbursements**

For the Period \_\_\_\_\_ to \_\_\_\_\_

(report is based on Bank Statement)

Bank Balance Beginning of Period \$ -

**INCOME:**

Individual Contributions \$ -

Fees for Competitions \$ -

Corporations Contributions \$ -

Service/Civic Contributions \$ -

Interest Income \$ -

Fundraising Income \$ -

Tournaments-Local Income \$ -

Transfer from State Office (check received from SOKY) \$ -

other: *please specify*

**TOTAL RECEIPTS \$ -**

**EXPENSES: (List only Cleared Expenses)**

Postage \$ -

Office Supplies \$ -

Copying/Printing \$ -

Travel/Lodging/Meals \$ -

Merchandise/Awards/Recognition \$ -

Rental and Contract Service \$ -

Sports/Event & Materials \$ -

Bank Charges \$ -

Fundraising Expenses \$ -

Transfers to State Office (checks written to SOKY) \$ -

other: *please specify*

**TOTAL DISBURSEMENTS \$ -**

Balance on Bank Statement, End of Period \$ -

(Outstanding Checks Total)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

<i>Office Use Only:</i>	
<i>Verified</i>	
<i>QB</i>	
<i>Balance</i>	
<i>RE</i>	
<i>Excel</i>	



## Special Olympics Kentucky INCOME SUMMARY

Date	Name on Check or Fundraising Event	Check Number	Thank You Note Mailed to Donor	Individual Contribution	Fees for Competitions	Corporate Contribution	Service/ Civic	Interest	Fundraising Income	Tournament Local Income	Transfer from State Office (check received from SOKY)
<b>Page Total</b>				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Program Name \_\_\_\_\_

Month Ending \_\_\_\_\_, 20 \_\_\_\_\_