



SAINT JOSEPH CATHOLIC CHURCH
POST-EVENT REPORT
Submit within 7 days of the event

1. Event Information

Ministry Name: _____
Event Name: _____
Event Date: _____ Attendance: _____
Event Type: Activity Fundraiser
Submitted By: _____

2. Financial Summary

Gross Revenue	\$
Total Expenses	\$
Net Proceeds	\$

3. Cash Handling Verification

Counted By (1): _____ Counted By (2): _____
Deposit Date: _____ Deposit Amount: \$ _____

4. Notes & Recommendations

What worked well? What would you change next time?

Ministry Leader: _____ Date: _____

Parish Office Use Only

Received Date: _____ Filed By: _____

