Trail Life Troop MO-2215

Event Name and Date:		
Entry allowed in blue sections.		
Leaders Name:		
Leaders Name:		
Number Attending:		

Income	Money acutally collected			
List money collect by person or family				
1)		\$	-	
2)		\$	-	
3)		\$	-	
4)		\$	-	
5)		\$	-	
6)		\$	-	
7)		\$	-	
8)		\$	-	
9)		\$	-	
10)		\$	-	
11)		\$	-	
12)		\$	-	
13)		\$	-	
14)		\$	-	
15)		\$	-	
16)		\$	-	
17)		\$	-	
Total Income: \$ -				

Costs	Please attach all receipts			
Camp	o Site Costs	\$	-	
	Food Costs	\$	-	
Vehicle	Fuel Costs	\$	-	
(Other Costs	\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
	Total Costs	\$	-	

Camping and Activity Money Tracking

Please turn in this form and all monies and receipts to the Treasure as soon as possible after the event. Money collected should match Total Income.

Notes:

Net profit or loss: \$

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Total Income less Total Costs equals Net profit or loss