

Organization: \_\_\_\_\_

### Financial summary

Period covered : \_\_\_\_/\_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_/\_\_\_\_/

	Statement:
<b>Income</b>	
Government subsidies (please specify):	
Municipality:	
Donations or sponsorships:	
Contributions of participants:	
Fundraising:	
Other (please specify):	
<b>TOTAL INCOME:</b>	- \$
<b>Expenditures:</b>	
Activities (please specify):	
Equipment:	
Salary and deductions:	
Operating costs (please specify):	
Insurance:	
Travel expenses:	
Other (please specify)	
<b>TOTAL EXPENDITURES:</b>	- \$
<b>TOTAL income or (loss)</b>	- \$

Signature of person responsible (+title): \_\_\_\_\_