



Booster Club, PTA, or PTO Managed Camps, Classes, Clinics, and Leagues Financial Statement

The financial documents (ADM-24A and ADM-24B, available at <http://www.fcps.edu/resources/community-use-school-facilities/clubs-classes-clinics-leagues-and-youth-camps>) are required to be submitted to the Community Use Section and school finance technician within four weeks after the completion of each activity with Fairfax County Public School (FCPS) paid employees. Reimbursement check and (ADM-24B) are to be submitted to FCPS Accounting Section. Failure to do so may result in disapproval for the next camp, clinic, or league application submitted for approval.

(Activity) _____ (Location) _____ (Inclusive Dates for Session) _____
 Session _____ of _____ Sessions(s)

Booster Club, PTA or PTO

<u>INCOME</u>	Number of Participants		Fees per Session	=	Total
	_____	x	_____	=	\$ _____
	_____	x	_____	=	_____
	_____	x	_____	=	_____
			Subtotal		\$ _____
			Less Refunds		\$ _____
			Total Income		\$ _____

EXPENDITURES

Personnel

Name	Title	Amount	Amount
		\$	Equipment (attach list) \$
		\$	Supplies \$
		\$	Turf Replacement Fund (separate check sent to CUS) \$
		\$	Printing \$
		\$	Awards \$
		\$	Postage \$
		\$	Custodial Services \$
		\$	Insurance \$
		\$	Other \$

(please specify)

Counselors \$ _____
 Guest Lecturer(s) \$ _____
 Total Personnel Expenses \$ _____

Total Other Expenses \$ _____

Check# _____ Date _____

Total Expenses \$ _____

**Sent to Financial Services Accounting Section with
ADM-24B**

Income \$ _____

Profit \$ _____

I certify that, to the best of my knowledge, the above is a true and accurate accounting for the activity. All obligations have been satisfied.

Name _____ Signature _____
 (Booster, PTA, or PTO Representative – **please print**)

Phone _____ Date _____ E-Mail _____