



MT. CARMEL BAPTIST CHURCH OF BATON ROUGE

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Dr. Andra Johnson, Pastor

FUNDRAISING ACCOUNT FORM

Name of Event: _____ Date of Event: _____

Account/Club Name: _____ Account Number: _____

Event Leader/Contact Information: _____

Fundraised monies will be used for: _____

	ESTIMATE (BEFORE)	ACTUAL (AFTER)
A - Number of items to be purchased/expected attendees:		
B - Cost per items/person:		
C - Total Cost (A x B):		
D - Number of items to be sold/expected attendees:		
E - Cost per items/person:		
F - Total Revenue (D x E):		
G - Revenue (Line F)		
H - Cost (Line C)		
I - Profit		

Explanation of difference between estimate and actual profit: _____

Approval of Fundraiser: _____ Date: _____