

# Spokane County 4-H Horse Project

## Actual Profit & Loss Statement

This form **MUST** be completed within 45 days after your event.

Event:			
Date of Event:			
Prepared by:			
Phone:			
Email:			
<b><u>Income</u></b>	<b><u>Estimated</u></b>	<b><u>Amount</u></b>	
Allocated amount (from Horse Projects)			
Registration fees			
Cash Donations			
<b><u>Income Totals</u></b>		\$0.00	\$0.00
<b><u>Expenses</u></b>	<b><u>Check Request Submitted?</u></b>	<b><u>Amount</u></b>	<b><u>Issued To?</u></b>
Facility Deposit			
Facility			
Food			
Judges			
Clinician			
Ribbons			
Supplies			
Insurance			
T-shirt/logo wear			
Other:			
Other:			
Other:			
<b><u>Total Expenses</u></b>		\$0.00	\$0.00
<b><u>Refunds (Name Recipient)</u></b>	<b><u>Date Sent</u></b>	<b><u>Amount \$\$</u></b>	<b><u>Description</u></b>
<b><u>Total refunds</u></b>		\$0.00	\$0.00
<b><u>Total Profit or Loss</u></b>			<b><u>\$0.00</u></b>
<b><u>Donations</u></b>	<b><u>Est. Value</u></b>	<b><u>Descriptions</u></b>	

Preparer's Signature: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_