

Michigan State Council

Mentally Impaired Drive Worksheet

Dates of Drive

Income:

Amount Collected
 Other Miscellaneous Income
 Total Income

Expenses:

Number of Cases of Tootsie Rolls Ordered
 Enter Cost per Case
 Total Cost of Tootsie Rolls Ordered
 Other Expenses (Food, Beverage, Vests)
 Total Expenses
 NET INCOME

Amount of Check Sent to State Council (Net Income)
 Funds for Council Distribution (Net Income x 80%)
 Funds Distributed by State Council

Enter Organization Name and Amount of Check to be returned for your Distribution from State Council	Organization Purpose	Check Amount	Percentage (if used)

Total number of K of C members working drive
 Total number of non-members working drive

Diocese
 Council Number
 District Number
 Grand Knight Name
 GK Address
 GK City, State, Zip
 GK Phone Number

Grand Knight Signature _____

Financial Secretary Signature _____

Distribution:
 Copy of Form and Check to State Office
 Copy of Form to District Deputy
 Copy of Form retained at Council