

IAC Post-Fundraiser Information Report



****Fundraiser Pre-Approval Required by WCS****
*****Information Required by IRS Section 501(c)3*****

*****COMPLETE THIS FORM AFTER THE FUNDRAISER*****

Team: _____

Amount Raised: \$ _____

Date: _____

of Volunteers: # _____

Location: _____

Description: _____

Was Fundraiser Pre-Approved: _____

Team Supervisor/ PTO Sponsor:

IAC Treasurer Use Only

Date Received: _____

Date Deposited: _____

Amount Deposited: _____

Reported to IRS /PTSO: _____