

Al Sihah Shrine Temple

Project Report

P.O. Box 3147
Macon, Georgia 31205

Ph 478-785-5900
Fax 478-785-5913

Part A

1. Club President or Unit Head _____
2. Project Chairman _____
3. Phone Home # _____ Work # _____ Cell # _____
4. Current Address _____
5. City, State & Zip _____
6. Type Fund Raiser – Project will benefit (check box below)
 Shrine Hospitals Club Unit Temple
7. Project Start Date _____ Estimated Completion Date _____
8. Description of Project _____

9. I have read the Shrine Fund Raising Policies and Procedure Pamphlet and we will comply with it.

10. Chairman Signature _____ Date _____
11. Club President or Unit Head _____ Date _____
- Approved / Date _____
- Disapproved/Date _____

Part B

Potentate's Signature _____

To be completed by _____ and returned to the Records Office.

1. Was the project successful? yes no
2. Would you recommend the activity again? yes no
3. Would you recommend the activity to another club or unit? yes no
4. Brief statement as to what made the activity a success or failure. _____

5. Account Balance at beginning of project		\$ _____
6. Receipts (Income)	Sales	\$ _____
	Advertising	\$ _____
	Other	\$ _____
7. Total Gross Receipts		\$ _____
8. Expenses	A. _____	\$ _____
	B. _____	\$ _____
	C. _____	\$ _____
	D. _____	\$ _____
	E. _____	\$ _____
9. Total Expenses		\$ _____
10. Net Profit		\$ _____
11. How will funds be distributed?		
	A. _____	\$ _____
	B. _____	\$ _____
	C. _____	\$ _____
	D. _____	\$ _____
	E. _____	\$ _____
	Total	\$ _____

Club President or Unit Head Signature _____ Date _____

****Note-Submission of Profit and Loss Report to be ATTACHED and RETURNED within 60 days of project completion date.**