



## FUNDRAISER AND EVENT FORMS

89 N. 17<sup>th</sup> Avenue · Beech Grove, IN 46107  
[parishadmin@holyname.cc](mailto:parishadmin@holyname.cc) · 317-784-5454

### COLLECTION SLIP

*Complete collection slip to document funds and/or donated goods collected during the fundraiser/event. Give collection to the Parish Office at the first available opportunity after receipt. Fundraiser/Event coordinators or the managing ministry shall retain copies of all collection slips until the fundraiser/event financial reports are finalized.*

Fundraiser/Event Title \_\_\_\_\_

Date collection submitted to Parish Office \_\_\_\_\_

### Amount of Funds Collected

*When using this form as a fillable PDF, complete only the orange boxes; other amounts will tabulate automatically.*

Bill Value	Enter <b>Number</b> of Bills	Dollar Amt of Bills
\$1		
\$5		
\$10		
\$20		
\$50		
\$100		

Coin Value	Enter <b>Number</b> of Coins	Dollar Amt of Coins
Pennies .01		
Nickels .05		
Dimes .10		
Quarters .25		
Half Dollars .50		
Coin Dollars 1.00		

<b>ENTER Total Dollar Amount of Checks =</b>	
<b>Total Dollar Amount of Bills + Coins =</b>	
<b>TOTAL AMOUNT OF FUNDS COLLECTED =</b>	

Signature 1 \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature 2 \_\_\_\_\_ Printed Name \_\_\_\_\_



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### CHECK REQUEST

*Complete all applicable information to request reimbursement of expenses or payment to a vendor. Submit along with related invoices, contract, etc. to the Holy Name Parish Office at the address or email above.*

Date of Request \_\_\_\_\_

Name of Person Requesting Check \_\_\_\_\_

Email or Phone of Person Requesting Check \_\_\_\_\_

Make the Check Payable To \_\_\_\_\_

Address Where to Send Check \_\_\_\_\_

Department or Committee to be Charged \_\_\_\_\_

Purpose of Expense(s) \_\_\_\_\_

Further Remarks/Explanation/Reference \_\_\_\_\_

Invoice Number of ATTACHED Invoice	\$ Amt of Original Invoice	\$ Amt Deposit Paid	\$ Amt to include on Requested Check	Charge to Account and/or Account Number (if known)
TOTAL DOLLAR AMOUNT OF CHECK =				

Signature of Check Requestor \_\_\_\_\_

Approval by Department or Committee Head \_\_\_\_\_