

DONUT SUNDAY BREAKDOWN

Date: _____

Names of volunteers: _____

Donations:

MASS TIME	AMOUNT
8:30 AM	
11:00 AM	
TOTAL DONATIONS:	

Expenses:

ITEM	AMOUNT
___ Dozen donuts	
JUICE	
MILK	
OTHER	
TOTAL EXPENSES:	

PROFIT / LOSS	
TOTAL DONATIONS:	
MINUS EXPENSES:	
PROFIT / LOSS:	

Did you Reimburse Yourself for Purchases? Yes No Amount: _____ (attach receipt)

If no, please leave your receipt(s) in the bag and you will be reimbursed on Monday. An envelope with your name on it will be at the front desk in the Parish Center:

Name to Reimburse: _____ Email: _____