



LAMB Foundation of NC, Inc.

6420-A1 Rea Rd, Suite 312

Charlotte, NC 28277

877.368.LAMB

SLD@lambnc.org

OPERATION LAMB INCOME REPORT 201

Council No. Email

Stree Collections occurred:

Start date End Date

(submit a seperate report for additional dates)

Participants included: Brother Knights Others

Non-Street events held:

Date Event Description Amount Raised

FORM 4 Financial worksheet

Deposit worksheet

Date	Deposit Slip #	Amount	Street/Non-Street
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All Steet Income

All Non-Street Income

Expenses Worksheet

Date	Count aprons cases	Total Cost
.....	Aprons ordered	
.....	Tootsie ordered	
Candy transfered from	Candy transfer to	

(Please subtract cost of tootsie rolls transferred to another council)

Total Expenses =

Description	Amount
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Total Street Donations.....

Total Non-Street (Corporate and Individual) Donations.....

Total Gross Income.....

Expenses (Candy/Aprons only).....

Total Net Income (Total Gross Income - Expenses).....

Signed Grand Knight	Date
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Please send this completed report by no later than February 1 of the subsequent year by fax or email to. This form is automatically emailed.

State Director
LAMB Foundaton of NC, Inc.
6420-A1 Rea Rd, Suite 312
Charlotte, NC 28277
or FAX to: 980,207.2222 or Email to: SLD@lambnc.org