

Los Angeles General  
Medical Center Fund-  
Raising Event  
FINANCIAL REPORT

**Section 1**

**To be completed by sponsoring group/organization/department**

1. Name of the group/organization sponsoring the event \_\_\_\_\_
2. Nature of fund-raising event \_\_\_\_\_
3. Does the group/organization have a Federal Tax-exempt Identification Number?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what non-profit organization or department will the profits benefit? \_\_  
\_\_\_\_\_
4. Account Name and Number where the funds will be deposited: \_\_\_\_\_
  - NOTE: Los Angeles General Departments/Individuals must deposit funds directly to the organization, The Los Angeles General Medical Center Foundation or CARES. Funds should not be deposited in personal accounts.
5. Name of person authorized to collect and disburse funds.  
\_\_\_\_\_
6. How many vendors are participating? \_\_\_\_\_
7. What type of merchandise will be sold? \_\_\_\_\_  
\_\_\_\_\_
8. Are Los Angeles General Medical Center department services requested?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, estimate the number of hours that will be spend.

<b>Planning Event</b>	<b>During Event</b>	<b>After Event</b>
During work time _____	_____	_____
Employee own time _____	_____	_____
If supplies are requested, estimate quantity and value:		
Quantity: _____	Value: _____	

**Section 2**

**To be completed after the event and returned to the Public Information Officer within ten (10) days of the conclusion of the event.**

1. Provide a separate gross sales summary for each vendor. (See Attachment IV-A)
 

Total of all gross sales \$ _____	20% of total gross sales \$ _____
	Additional donations \$ _____
	Total funds raised \$ _____
2. Employee actual hours spent:
 

During work time _____	Employee's own time _____
Total hours spent: _____	
3. Actual supplies used: \_\_\_\_\_  
Total value \_\_\_\_\_

Los Angeles General  
 Medical Center Fund-  
 Raising Event  
 VENDOR GROSS SALES SUMMARY  
 Form IV-A

**Complete and submit form to Public Information Office along with the Financial Report.**

Name of group/organization sponsoring the event \_\_\_\_\_

Date of Event \_\_\_\_\_

Funds to be donated to: \_\_\_\_\_

<u>Vendor Name</u>	<u>Gross Sales</u>	<u>20%</u>	<u>Additional Donation</u>	<u>Total</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____