



Due within 10 days of completion of the drive.

District #

Council #

TOTAL REVENUE COLLECTED

\$ _____



FROM: _____

Council Name: _____

City: _____ Zip: _____

Date: _____

PART I

Worthy State Treasurer:

We have participated in the "Helping People with Intellectual Disabilities" Program. Our Council ordered _____ cases. (no cases are to be returned.)

PART II

Parts I and II of the report must be completed and mailed along with your cashier's check (to: **Knights of Columbus ID Program**) for the FULL AMOUNT OF REVENUE COLLECTED within **ten (10) days after completion of the drive**. Any funds received after **June 15th** will be included with the next year's fund drive.

Our Council plans to donate its share of the revenue to: (Indicate name and % each is to receive.)

(Please Type or Print!)

			Amount <small>Do not write in this box</small>
1.	_____	%	
2.	_____	%	
3.	_____	%	
4.	_____	%	
5.	_____	%	
6.	_____	%	
7.	_____	%	
8.	_____	%	
9.	_____	%	

Checks will be made out to the above named individuals/organizations. CHECK MUST BE CASHED WITHIN 90 DAYS OF THE DATE THE CHECK WAS ISSUED OR ELSE THE CHECK WILL BE VOIDED AND ANOTHER CHECK WILL NOT BE ISSUED!

Sign _____
Council Chairman & _____ Grand Knight

Telephone Number () _____

DO NOT WRITE IN SPACE BELOW

PART III

TOTAL REVENUE RECEIVED		\$ _____
Cost of Tootsie Rolls (19.50 cs)	\$ _____	
Promotion cost & State Use Tax (2%)	\$ _____	
TOTAL COST		\$ _____
Balance remaining		_____
State Councils 's Share		_____
Council's Share – pay as listed in Part II		_____

Audited by _____

- This qualifies as a (d) Community Program for the Complete Council Award
- Mail WHITE & CANARY COPIES to ID Chairman, Chuck Simmons 63476 Lohman Ln, Eastman, WI 54626. PINK copy to Council File
- Form #CTRPR
- Revision date 11/2011