

SNAP Income Form

Name of person making submission _____ SNAP Committee _____

Signature _____ Date _____ Email _____ Phone _____

Part of SNAP Income Budget Yes No If no, please explain:

Income:

Note: In place of data requested below, may attach to this form a spreadsheet with information requested below.

Date	Check Number	Name on Check	Event or Committee Number*	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Additional comments:

Total Income: \$ _____

Identify any expenses subtracted from Income before submission:

* 1 = Advertising/PR 2 = Administration 3 = Decorating 4 = Entertainment 5 = Food 6 = Prizes 7 = Security/Staff
8 = Inventory 9 = Volunteer Committee 10 = Registration 11 = Historian 12 = Other (explain above)

13 = Dancing with the Stars 14 = Dodgeball 15 = Individual Donations 16 = Business Donations 17 = Spring-Ford Live
18 = Promfest 19 = Prom Tokens 20 = Mr. Spring-Ford 21 = Family Portrait 22 = Events Other (explain above)

For SNAP Treasurer's use:

Date Received _____ Date Submitted to SFEF _____ Month of confirmation in bank statement _____