



STATE COURT PARTNERSHIP FUNDING BENEFITS COMPILATION

PLEASE PRINT CLEARLY IN BLACK INK

STATE JURISDICTION		
RECIPIENT		
STATE COURT APPROVAL DATE	HIGH COURT APPROVAL DATE	CHECK PRESENTATION DATE

APPROVED FUNDRAISING EFFORTS AND RESULTS

EVENT DATE	FUNDRAISING BENEFIT PROJECT	GROSS INCOME ¹	EXPENSES ¹	NET

Include a photocopy of the check for the presentation	TOTAL NET AMOUNT: \$
<i>¹ Include all income and expense receipts.</i>	Total number of courts involved:
<i>² Multiply the number of members by the number of hours worked for total number of hours worked.</i>	Total number of members involved:
	Total number of hours worked²:
	Number of participants or attendees:

STATE COURT ACKNOWLEDGEMENT

This benefit was planned and coordinated by the state court of _____.

We hereby affirm that all recorded information is factual and accurate.

STATE CHIEF RANGER SIGNATURE	DATE
STATE TREASURER	DATE

Both signatures are required.