

# FINANCIAL REPORT

Deerhaven Campground, Inc.  
 Name of Camp \_\_\_\_\_

Florida Mission Center  
 Date of Camp \_\_\_\_\_

**NOTE: Send this completed form within 30 days to: Deerhaven Campground, PO Box 196262, Winter Springs, FL 32719-6262**

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**INCOME:**

ADVANCE from Camping Fund		\$ _____
RECEIPTS from Camper's Fees	\$ _____	
Received before camp	_____	
Received at camp or later	_____	
TOTAL RECEIPTS from camper's fees		\$ _____

OTHER SOURCES OF INCOME (Donations, Sale of food, etc.)

Date Received	Description		
_____	_____	\$ _____	
_____	_____	_____	
_____	_____	_____	
TOTAL other sources of Income			\$ _____

**TOTAL INCOME** \$ \_\_\_\_\_

**EXPENSES:**

<u>Date</u>	<u>Description</u>	<u>Method of Payment</u>			
		Check	Cash		
_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
TOTAL General Expenses				\$ _____	

DIRECTOR'S EXPENSES (Phone, Materials, Postage)

_____	_____	_____	_____		
_____	_____	_____	_____	_____	
Total Director's Expenses				\$ _____	

OTHER EXPENSES

Ground User Fees		\$ _____
Settlement for Damages		_____
Refunds of Camper's Fees		_____
Reimbursement of Advance from Camping Fund		_____
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TOTAL Other Expenses		\$ _____

TOTAL EXPENSES	
NET INCREASE (loss)	_____