



**GIRL GUIDES OF CANADA – ALBERTA COUNCIL**

**TRANSPORTATION ASSISTANCE**

**FINANCIAL STATEMENT**

Please attach to the Transportation assistance Application & include photocopied transportation receipts.

Event: \_\_\_\_\_

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

INCOME		EXPENSES	
Participant(s)			
Contribution	\$ _____	Total Event Fee	\$ _____
Fund Raising	_____	Transportation	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Donations	_____	_____	_____
_____	_____	Food	_____
_____	_____	Other Expenses	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	TOTAL	\$ _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature