



5300 West Hillsboro Boulevard, Suite 105 • Coconut Creek, Florida 33073 • U.S.A.
Phone: 954.481.6611 • Toll Free: 800.5.HELP.A-T • Fax: 954.725.1153 • www.atcp.org • info@atcp.org

Treasurer Expense Form

The treasurer must complete this form prior to spending for an event. Once it is approved by A-TCP, we will send you a check for the approved budget.

College/University: _____

Date of Event: _____

In a few sentences, please describe the anticipated fundraising event:

| Anticipated Expense Item | Anticipated Cost |
|--|-------------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Anticipated Total/ Requested Funding Limit: | \$ |

Treasurer Signature: _____ **Date:** _____

Approved Budget From A-TCP: _____

A-TCP Signature: _____ **Date:** _____

The above approved budget amount is the funding limit given to your chapter for this event. A-TCP will not fund any amount greater than what is approved above unless authorized. Please send a copy of all receipts for the event, any leftover funds and a completed Event Expense Form to A-TCP within one week of the event date.



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Event Expense Report

To be completed after your event has finished.

College/University: _____

Event Name: _____ Event Date: _____

| Expense Item | Cost | Receipt attached? Y/N <i>(all receipts should be attached)</i> |
|---------------|------|--|
| | \$ | |
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| | \$ | |
| | \$ | |
| TOTAL: | \$ | |

Approved Budget From A-TCP: _____

Total Actual Event Expenses: _____ Date: _____

Treasurer Name (Printed): _____ (Signature): _____

*Please send a copy of all receipts and any leftover funds for the event attached to this completed Event Expense Form to A-TCP within one week of the event date. **Do not add the leftover funds to your total donation.***

The Ataxia Telangiectasia Children's Project is a non-profit organization that raises funds to support and coordinate biomedical research projects, scientific conferences and a clinical center aimed at finding a cure or life-improving therapies for ataxia-telangiectasia, a fatal genetic disease that attacks children, causing progressive loss of motor control, cancer and immune system problems.



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Event Fundraising Donations Form

Congratulations on an event well done! Please fill out the following form about the funds you raised during the event. Please send us the total as one large donation either online or in the mail.

College/University: _____

Event Name: _____ **Event Date:** _____

Comments: _____

Total amount raised from the event: \$ _____

Total donation to A-TCP was made online: Y/N OR Donation is mailed: Y/N

Date of donation: _____

President Signature: _____ **Date:** _____

Treasurer Signature: _____ **Date:** _____

100% of proceeds from the fundraising event above will go towards the A-T Children's Project. The treasurer of your chapter must mail the donation to A-TCP or submit the donation online at atcp.org in the full amount of what was raised at the event within one week of the event date.