

**CAPE COD SAIL AND POWER SQUADRON, INC.**  
**INCOME REPORT FORM**

REPORTED BY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

TOTAL INCOME REPORTING (List check(s)/amount(s) or cash amount(s):

CCSPS Department: \_\_\_\_\_

Activity: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Submission Date

\_\_\_\_\_  
Signature

[As applicable, attach income spreadsheet to the back of this form  
and submit to treasurer.]