



**THE TERRY FOX
FOUNDATION**

DATE: _____

International Post Run Report

IT IS IMPORTANT TO COMPLETE AND SUBMIT THIS REPORT TO TFF within 30 days of your Run date.

Run Site ID: INT

Run Site (country): _____

Run Organizer (name): _____

Run Location: _____

Run Organizer (email): _____

Date of Run: _____

Run Organizer (phone): _____

Section 1: Run Event Details (REPORT IN LOCAL CURRENCY)

Please note currency _____

(CAD, USD, EUR, HKD, SGD, etc.)

	A	B	A + B
Fundraising (pls ensure financial records such as bank statements, deposit slips, cheques, wire transfers, etc. are submitted with this report.)	Cash Collected	Cash to be collected (outstanding)	TOTAL Funds Raised
Terry Fox Run Donations			
T-shirt sales			
Other fundraising (bbq, bake sale, special events)			
Total Fundraising			
Expenses (pls ensure invoices and payment receipts are submitted for each expense)	Expenses Paid	Expenses to be paid (outstanding)	TOTAL Expenses
T-shirts Purchase (please specify how many t-shirts were purchased # _____)			
T-shirt Printing			
Promotional Material Printing (banners, posters, etc.)			
Liability Insurance			
Total Expenses			
NET PROCEEDS (Total Fundraising - Total Expenses)			
Cash Balance Prior to Run (funds from previous years)			
Total Funds being held (on the day of this report)			



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Section 2: FUNDS AND DISBURSEMENT

- Funds will be retained by Run Organizer until a research project has been approved by The Terry Fox Research Institute (*complete Option 1, below*)
- Funds will be transferred to _____ (*name of research institute*) to be held in trust for The Terry Fox Foundation until written approval to disburse these funds is received from the Foundation (*complete Option 2, below*)
- Funds will be transferred to _____ (*name of recipient institute*) for an approved cancer research project (*complete Option 2, below*)
- Funds will be transferred to The Terry Fox Foundation in Canada (*complete Option 3, below*)

Option 1: Funds Retained by Run Organizer (*please provide the following banking details*)

NAME OF INSTITUTION retaining funds: _____

Account Type & Number: _____

Contact Person at Institution: _____

Contact's Phone: _____ Contact's email: _____

Option 2: Funds Transfer

DATE OF TRANSFER (actual or anticipated): _____

Name of Recipient Institute: _____

Contact Person at Recipient Institute: _____

Contact's Phone: _____ Contact's email: _____

Option 3: Funds Transferred to The Terry Fox Foundation, by:

- Cheque or Draft
- Online
- Wire Transfer (*see below*)

Wire Transfer Details

Bank: Bank of Nova Scotia
19 Bloor Street W
Toronto, ON M4W 1A3

Transit #: 91132
Swift Code: NOSCCATT
For Further Credit to: The Terry Fox Foundation Canada
Account#: 0279617

Note: Bank accepts incoming wire transfers in Canadian dollars (CAD\$), United States dollars (USD) and Euros (EUR).

Section 3: Participation

Number of Participants: _____

Number of Schools: _____

Number of Volunteers: _____

Number of Corporations: _____

Total Participants: _____