NLANA ACTIVITIES COMMITTEE FINANCIAL REPORT

EVENT: _____ **DATE:** _____

LOCATION: _____ **SPEAKER:** _____

INCOME

Ticket Sales:	
Raffle Sales:	
Pop Sales:	
Food Sales:	
Newcomer Donations:	
Other:	
Other:	

Total Income: (7) 0.00

EXPENSES

Facility Rent:		
DJ: Printing:		
Postage:		
Decorations:		
Pop:		
Food:		
Raffle Items:		
Prizes:		
Other:		
Other:		
Other:		
Other:		

Check the box if expense was paid directly by the ASC Treasury.

Attach Receipts to this form. If submitting electronically attach pictures or scanned images of receipts.

(2) 0.00

(1) Total Income - (2) Total Expenses = (3) Net Profit or Loss	(3)	0.00
Plus (4) Total Expenses Paid Directly by the Area	(4)	0.00
Plus (5) Startup Money Provided by the Area	(5)	
Minus (6) Total Deposits (attach copies of all deposit slips)	(6)	
Equals (7) Amount Due to the Area (attach ck payable to NLANA)	(7)	0.00
-or- Equals (8) Amount Area to reimburse to name below*.	(8)	0.00

*Make reimbursement (8) check payable to: _____

Prepared by: _____ **Phone:** _____ **Date:** _____