

DOTRA ACTIVITY/EVENT EXPENSE REPORT

EVENT NAME: _____ DATE HELD: _____

LOCATION: _____

DOTRA PERSON IN CHARGE: _____

Complete the following if applicable.

TICKET COST: _____ Final Number of Paid Attendees: _____

FUNDS COLLECTED

Interim Deposits to DOTRA Treasurer	\$ _____	Date _____
	\$ _____	Date _____
	\$ _____	Date _____

TOTAL: _____

Any Net Income from 50:50? _____ Amount: _____

Was there a DOTRA Authorized Subsidy? NO _____ YES _____
If yes, how much per person authorized? _____

EXPENSES INCURRED: (paid directly or reimbursed by DOTRA Treasurer)

Amount _____	Purpose _____	Person _____	Received _____
Amount _____	Purpose _____	Person _____	Received _____
Amount _____	Purpose _____	Person _____	Received _____
Amount _____	Purpose _____	Person _____	Received _____

Use additional sheet if required

TOTAL EXPENSES INCURRED FOR EVENT \$ _____

TOTAL INCOME COLLECTED FOR EVENT \$ _____

NET INCOME/LOSS TO DOTRA (+ / -) \$ _____

Submitted by _____ Date _____

Please submit at first Board of Directors meeting after event.