

# 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: \_\_\_\_\_

## INCOME COLLECTED

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

TOTAL INCOME COLLECTED: \_\_\_\_\_

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

Was there a DOTRA Authorized Subsidy? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how much per person: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Amount _____	Purpose _____	Person _____	Received _____
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Amount _____	Purpose _____	Person _____	Received _____
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Amount _____	Purpose _____	Person _____	Received _____
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Amount _____	Purpose _____	Person _____	Received _____
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Use additional sheet if required

TOTAL EXPENSES INCURRED FOR EVENT : \$ \_\_\_\_\_

TOTAL INCOME COLLECTED FOR EVENT: \$ \_\_\_\_\_

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

Any Net Income from 50:50: \$ \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Please submit at first Board of Directors meeting after event.

CC: Treasurer, President, & Event Chair

Approved for use: \_\_/\_\_/2023