

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 _____

Amount _____ Purpose _____ Person _____ Received _____

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Amount _____ Purpose _____ Person _____ Received _____

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