DOTRA ACTIVITY/EVENT EXPENSE REPORT

:	DATE HELD:		
 			
Complete the follow	ving if applicable) .	
-: : Final Nเ	ımber of Paid	Attendees	3:
LECTED eposits to DOTRA Treasurer	\$ \$ \$	D: D: D:	ate ate ate
TOTAL INCOME COLLE	ECTED:		
ICURRED: (paid directly or	reimbursed by	y DOTRA	Treasurer)
רRA Authorized Subsidy? Y If yes, how much per ן	ES NO person: \$		
Purpose	Person		_ Received
Purpose	Person		Received
Purpose	Person		Received
Purpose	Person		Received
Use additional sh	neet if required		
EXPENSES INCURRED FO	R EVENT :	\$	
TOTAL INCOME COLLECTED FOR EVENT:		\$	
NET INCOME/LOSS TO DOTRA (+ / -):		\$	
Any Net Income from	om 50:50:	\$	
Submitted by		Date	
	Complete the follows: Complete the follows: Final Number of	Complete the following if applicable Complete the following if applicable Final Number of Paid LECTED LECT	Complete the following if applicable. Final Number of Paid Attendees LECTED Sposits to DOTRA Treasurer TOTAL INCOME COLLECTED: ICURRED: (paid directly or reimbursed by DOTRA TRA Authorized Subsidy? YES NO If yes, how much per person: \$ TOTAL: \$ Purpose Person SCAPENSES INCURRED FOR EVENT: \$ NCOME COLLECTED FOR EVENT: \$ Any Net Income from 50:50: \$

Please submit at first Board of Directors meeting after event.

CC: Treasurer, President, & Event Chair

Approved for use: 04/01/2023