



WSQG INCOME & EXPENSE REPORT FOR REGIONAL EVENT

**Payment will not be made until receipt of this form by the WSQG Treasurer
Legible receipts must be attached.**

Event Name: _____ Event Dates: _____

Organizer's Name: _____ Email: _____

Telephone: _____

If expenses are to be reimbursed, please provide the following information:

Payee (if different from organizer): _____

Mailing Address: _____

WSQG Approved Funding: \$ _____ Amount Requested: \$ _____

Please provide a brief description of the event: _____

Please Note: Funds CAN be used for teacher fees, facility costs, advertising, postage and supplies. Funds CANNOT be used for door prizes, food, gifts or other supplies such as sewing notions (Example, scissors, irons, etc.).

INCOME

EXPENSES

of Attendees: ___ X Fee \$ _____ \$ _____

Instructors: \$ _____
Prepaid: Yes ___ No ___

Donations: \$ _____

Facility: \$ _____
Prepaid: Yes ___ No ___

Non-WSQG Funding: \$ _____

Printing: \$ _____

Other Income: \$ _____

Postage: \$ _____

Other Income Source: _____

Other: \$ _____

Other Expense Descr.: _____

Total Income: \$ _____

Total Expense: \$ _____

I certify that this Income and Expense report is a true and complete accounting of the above-referenced Regional Event.

Signature: _____

Date: _____