

## WSQG INCOME & EXPENSE REPORT FOR REGIONAL EVENT

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

Event Name:		Event Dates:	
Organizer's Name:		Email:	
Telephone: If expenses are to be reimb	oursed, please provide th	e following information:	
Payee (if different from org	ganizer):		
Mailing Address:			
WSQG Approved Funding: \$		Amount Requested: \$	
Please provide a brief desc	ription of the event:		
funds CANNOT be used for	door prizes, food, gifts o	r other supplies such as so	ising, postage and supplies. WSQG ewing notions (Example, scissors, be included in this report. (See
INCOME		<u>EXPENSES</u>	
# of Attendees:X Fee\$_	<u> </u>	Instructors:	\$ Prepaid: Yes No
Monetary Donations:	\$	_ Facility:	\$ Prepaid: Yes No
Income Other than WSQG	: \$	_ Meals:	\$
Other Income Source:		Printing:	\$
		Postage:	\$
		Other:	\$
		Other Expense Descr.:	
		If more space is neede	ed use the reverse side of this form.
Total Income:	\$	Total Expense:	\$
I certify that this Income a		Total Expense:	\$
Regional Event.			
Signature:			
Date:			