

ABATE OF OHIO, INC. EVENT REPORT

REGION # _____ COUNTY: _____ DATE OF REPORT: ___/___/___
 Name of Event _____ Location of Event _____ Date of event: ___/___/___

INCOME OF EVENT <i>All income must be reported – even those amounts used to pay cash expenses.</i>			
Only include income directly related to event			
ACCT.#	INCOME -	AMOUNT	COMMENTS
4010	MEMBERSHIP DUES		
4020	PRODUCT SALES		
4050	SPONSOR DONATIONS		
4060	OTHER DONATIONS		
4070	EVENT RECEIPTS:	-----	
	GATE RECEIPTS		
	FOOD SALES		
	AUCTION		
	VENDORS		
	CONTEST PARTICIPATION		
			TOTAL 4070 INCOME:
4100	OTHER RECEIPTS		
	TOTAL INCOME		
EXPENSE – Only Include Expenses Directly Related To Event			
ACCT.#	EXPENSE	AMOUNT	COMMENTS
5040	PRINTING		
5060	ADVERTISING		
5070	POSTAGE		
5080	OFFICE SUPPLIES		
5090	SUPPLIES & EQUIPMENT		
5110	EQUIPMENT RENTAL		
5200	DONATIONS – <i>List in comment</i>		
5240	EVENT DISBURSEMENTS <i>(* = Likelihood of 1099 Requirement)</i>		
	RENT		<i>(Attach Prop agreement- 1099 info)</i>
	ENTERTAINMENT		<i>(Bands, DJ) (Attach 1099 info and contracto)</i>
	FOOD AND BEVERAGES		<i>(No Alcohol)</i>
	BATTERY/LIGHTS		
	AWARDS/TROPHIES		
	STAGE/TENT		
	PRIZES *		
	OTHER EXPENDITURES		<i>(List separately)</i>
			<i>TOTAL 5240 EXPENSES:</i>
5250	INSURANCE		
5300	MISC EXPENSES		<i>(List separately)</i>
	TOTAL MISC EXPENSES		
	MEMBERSHIP DUES		
	TOTAL EVENT EXPENSES		

Total Income _____ - Expenses paid in cash _____ Equals _____ Amount of money to Region Treas.
 Note all expenses paid in cash must have a completed "Event Cash Reimbursement form"
 FORM SUBMITTED BY: (Two Event Financial Officers must prepare and sign Event Report.)

Print Name _____ Signature _____ Date ___/___/___

Print Name _____ Signature _____ Date ___/___/___