 **SUMMARY OF EVENT EXPENSES & INCOME**

Please complete this form when submitting expenses for reimbursement and income received when hosting Regional events.

Regional Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expense Item | Supplier | Amount | Paid (X) | Make NSPC cheque payable to: |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

**Copies of receipts are required for reimbursement of expenses.**

**INCOME**

|  |  |  |
| --- | --- | --- |
| Income Item | Paid by | Amount (Cash/cheque) |
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| **TOTAL** |  |  |

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address to send payment:

Approved NSPC Regional Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_