

NIA Meeting Financial Summary

Event: _____ **Date:** _____

Expenses:	Budget (\$)	Actual (\$)
Facility Rent/Donation		
Assembly Flyers		
Registration Supplies		
Refreshments		
Lunch (including cost per person)		
Paper Products and Utensils		
Total Expenses	\$ -	\$ -

Attendance (Sign-in head count)		
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income:	Budget	Actual
Donation Cans		
Seventh Tradition		
Lunch Sales # @ \$ ea.		
Total Income:	\$ -	\$ -

Net Income or Loss	\$ -	
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Respectfully Submitted by:	
Date:	

Please complete "NIA Expense Reimbursement" form and submit to NIA Treasurer for any reimbursement requests.