

AACTMAD POB Income and Expense Report

Please submit completed form and attachments to AACTMAD Treasurer no later than the 5th of the month following your activity.

Thank you!

Name of Event: _____

Date of Event: _____ Income received (before any expenses): _____

Donations received: _____

Musicians paid (please correct names):

First & Last Name	Amount	First & Last Name	Amount	First & Last Name	Amount
Anne Ormand		Dawn Swartz		Sandee Salloway	
Betsy Foote		Joe Lloyd		Stephen Vitti	
Bill Belote		John Lesko		Sylvia Lewis	
Bobbie Hurst		John Mercier		Tim Francek	
Carol Jacobs		Jon Galia		Tom Allen	
Dan Peisach		Karen Missavage		Wm. Alan Gordon	
Dave Sebolt		Quentin Smith			

Musicians and others paid (not listed above):

First & Last Name	Amount	First & Last Name	Amount	First & Last Name	Amount

Other Expenses (attach receipts):

Description	Amount

Amount in cash box before this event: _____

(+) Net from this event: _____

(-) Amount deposited with this form (attach cash & checks): _____

(=) Total in cash box after this event: _____

Your name: _____

Today's date: _____