

Arkansas School Band and Orchestra Association

Financial Report Hosts of All-Region Clinic Auditions

Region _____
 Date _____
 Concert Band _____ Senior High _____
 Orchestra _____ Junior High _____
 Jazz Band _____

RECEIPTS			
	Number of Students	@	Amount
Concert Band		5.00	
Orchestra		6.00	
Jazz Band		8.00	
Late Fees			
Contributions			
TOTAL RECEIPTS			
EXPENSES			
Portion to ASBOA Office – Number of Students Registered		@ \$ 0.50	
Mailing			
Telephone			
Custodial			
**Security			
Supplies			
Other – Must attach itemized list.			
TOTAL EXPENSES			
*This balance is to be available to the Region Clinic Host for expenses.			
*BALANCE			

(Must attach receipts for all expenses over \$10.00)

Host _____ Region Chairman or Secretary/Treasurer _____

<u>Immediately following the event, a copy of this report including:</u> 1 – LIST of participating schools 2 – WITH number registered 3 – AND amount paid 4 – WITH appropriate receipts 5 – In addition please send the \$0.50 per student registered for auditions to the ASBOA Office.	Should be sent to: 1 – Your Region Chair & 2 – ASBOA 215 West O ST, MSC 6036 Russellville, AR 72801 Or – FAX: 501-421-7994
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**Fees for school security are allowable expenses for ASBOA events if required by school administration. A signed receipt for such services must accompany the financial report.

*****When paperwork and/or funds are not received 30 days after the event, the building administrator of the director(s) responsible will be notified.**