

# Arkansas School Band and Orchestra Association

Financial Report  
Hosts of All-Region Clinics

Region \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_ Concert Band  
\_\_\_\_ Orchestra  
\_\_\_\_ Jazz Band

\_\_\_\_ Senior High  
\_\_\_\_ Junior High

<b><u>RECEIPTS</u></b>			
	<b><u>Number of Students</u></b>	<b><u>@</u></b>	<b><u>Amount</u></b>
Concert Band		\$4.00	\$
Orchestra		\$7.00	\$
Jazz Band		\$14.00	\$
Amount collected for patches			\$
<b><u>TOTAL CLINIC FEES</u></b>			\$
<b><u>BALANCE FROM REGION AUDITIONS</u></b>			\$
<b><u>TOTAL RECEIPTS</u></b>			\$
<b><u>EXPENSES</u></b>			
Clinician Honorariums \$250.00 per day			\$
Meals (\$8.00/Breakfast, \$10.00/Lunch, \$15.00/Dinner per day)			\$
Hotel/Motel (Room only – No incidental charges)			\$
Travel (\$.33 per mile)			\$
Patches			\$
Portion to ASBOA Office – Number of Students Registered _____ @ \$.50			\$
**Host Expenses (Itemized)			\$
<b><u>TOTAL EXPENSES</u></b>			\$
<b>(Must attach receipts for <u>all</u> expenses over \$10.00)</b>			\$
<b><u>BALANCE</u></b>			\$

\_\_\_\_\_  
Region Chairman or Secretary/Treasurer

\_\_\_\_\_  
Host

<p>Within 30 days after the event, a copy of this report including:</p> <ol style="list-style-type: none"> <li>1 – LIST of participating schools</li> <li>2 – WITH number registered</li> <li>3 – AND amount paid</li> <li>4 – WITH appropriate receipts</li> <li>5 – In addition, please send the \$0.50 per student registered for the clinic to the ASBOA Office.</li> </ol>	<p>Should be sent to: 1 – ASBOA 1711 Coliseum DR, MSC 6036 Russellville, AR 72801 Or – FAX: 501.421.7994</p> <p>– Your Region Chair</p>
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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.**