**Arkansas School Band and Orchestra Association**



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| **FINANCIAL REPORT FOR REGION OVERAGE** | |
|  | |
| **REGION -** | **DATE -** |
|  | |

|  |  |
| --- | --- |
| **RECEIPTS** |  |
| Final Balance Marching Assessment | $ |
| Junior Concert Clinic Balance | $ |
| Senior or Combined Junior/Senior Concert Clinic Balance (If 1 event) | $ |
| Junior Jazz Clinic Balance | $ |
| Senior or Combined Junior/Senior Jazz Clinic Balance (If 1 event) | $ |
| **TOTAL** | $ |

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

|  |  |
| --- | --- |
| **ALLOWABLE EXPENSES** |  |
| Purchase Checks | **-$** |
| Stop payment on check | **-$** |
| **Total Expenses** | **-$** |
| **ADJUSTED TOTAL** |  |

|  |
| --- |
| **^After expenses, the balance is to be sent to:**  ASBOA Office PH: 479-498-6059  1711 Coliseum DR, MSC 6036  Russellville, AR 72801 asboajg@gmail.com |

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