

**HMB AREA ASSOCIATION
EVENT REPORT FORM**
(Assemblies, Fellowship Days, Day of Sharing, Inventory Day)

NAME OF CLUSTER / DISTRICT: _____

NAME OF EVENT: _____

DATE OF EVENT: _____

INCOME

Area Seed Money: _____

Contributions Received: _____

TOTAL INCOME: _____

EXPENSES

Site Costs / Rent (Receipted): _____

Food (Receipted): _____

Equipment Rental (Receipted): _____

Miscellaneous Costs (Receipted): _____

Please explain Miscellaneous Costs: _____

TOTAL EXPENSE: _____

EVENT INCOME / LESS: _____

Breakdown of District Reimbursements:

TOTAL AREA EXPENSE: _____

Report submitted by: _____