

HMB AREA ASSOCIATION AREA EVENT REPORT FORM

NAME OF CLUSTER OR DISTRICT: _____

NAME OF EVENT: _____

DATE OF EVENT: _____

INCOME:

Area Seed Money: \$ _____

7th Tradition Contributions: \$ _____

Other (describe): \$ _____

Total Income Received: \$ _____ (a)

NOTES:

EXPENSES:

Site Costs / Rent: \$ _____

Food (receipted): \$ _____

Equipment Rental (receipted): \$ _____

Other (describe): \$ _____

Total Expenses: \$ _____ (b)

OVERAGE (to be returned to area): \$ _____ (a-b)

<or>

SHORTAGE (reimbursements requested)*: \$ _____ (b-a)

BREAKDOWN OF REIMBURSEMENTS:

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

(use back if more lines are needed)

For prompt reimbursement submit form with all supporting receipts within 30 days of event via:

Email to:
treasurer@ahmbny.org

(preferred method)

OR

"Snail" mail to:
Treasurer, HMB Area Association
Ship & Copy
118 Polar Plaza #114
Amsterdam, NY 12010

Report Submitted by: _____