

Arkansas School Band and Orchestra Association

Financial Report
Hosts of All-Region Clinics

Region _____

Date _____

____ Concert Band
____ Orchestra
____ Jazz Band

____ Senior High
____ Junior High

| <u>RECEIPTS</u> | | | |
|---|----------------------------------|-----------------|----------------------|
| | <u>Number of Students</u> | <u>@</u> | <u>Amount</u> |
| Concert Band | | \$3.00 | \$ |
| Orchestra | | \$6.00 | \$ |
| Jazz Band | | \$12.00 | \$ |
| Amount collected for patches | | | \$ |
| <u>TOTAL CLINIC FEES</u> | | | \$ |
| <u>BALANCE FROM REGION AUDITIONS</u> | | | \$ |
| <u>TOTAL RECEIPTS</u> | | | \$ |
| <u>EXPENSES</u> | | | |
| Clinician Honorariums \$135.00 per day | | | \$ |
| Meals (\$15.00 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) | | | \$ |
| <u>TOTAL EXPENSES</u> | | | \$ |
| (Must attach receipts for <u>all</u> expenses over \$10.00) | | | \$ |
| <u>BALANCE</u> | | | \$ |

Region Chairman or Secretary/Treasurer

Host

| | |
|---|--|
| <p>Within 30 days after the event, a copy of this report including:</p> <ul style="list-style-type: none"> 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 the clinic to the ASBOA Office. | <p>Should be sent to:</p> <ul style="list-style-type: none"> 1 – Your Region Chair 2 – ASBOA PO Box 6227 Russellville, AR 72801 Or – FAX: 479-498-6063 |
|---|--|

*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.