

**NATIONAL SKI PATROL
MAINE REGION
INCOME & EXPENSE REPORT**

EVENT DATE: _____

PROGRAM: _____

EVENT: _____

LOCATION: _____

INCOME

NO. REGISTRATIONS: _____ @ _____ = _____

OTHER INCOME (Specify) _____

TOTAL INCOME _____

EXPENSES

FACILITY FEE (Specify) _____

MEALS/FOOD _____

TRAVEL COSTS FOR DIVISION/REGION STAFF:

Include expense vouchers for staff (lodging-meals-mileage-tolls), note staff below:

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES _____

If income is applied to expenses rather than submitted, please indicate the application.

Name of Individual submitting Report: _____

Contact Information: _____