

ABATE EVENT BREAKDOWN

EVENT: _____ DATE: _____
REGION: _____ COUNTY: _____

INCOME:

4010 MEMBERSHIP: \$ _____
4030 PRODUCT: \$ _____
4060 DONATIONS: \$ _____

4070 GATE RECEIPT \$ _____
4100 OTHER RECEIPT \$ _____

_____ \$ _____
_____ \$ _____

INCOME TOTAL \$ _____

EXPENSES:

5030 PRODUCT: \$ _____
5040 PRINTING: \$ _____
5070 POSTAGE: \$ _____
5200 DONATIONS: \$ _____

_____ \$ _____
5240 EVENT DISB.: \$ _____

_____ \$ _____
_____ \$ _____
_____ \$ _____
5250 INSURANCE: \$ _____
5270 BANK \$ _____
MEMBERSHIP EXP.: \$ _____

EXPENSE TOTAL: \$ _____

INCOME TOTAL \$ _____
- EXPENSE TOTAL \$ _____
= EVENT TOTAL \$ _____
5292 30% TO STATE \$ _____