

ACCOUNTING REPORT - CSF / CJSF REGIONAL CONFERENCE

(Please submit within two weeks after conference date)

Region _____ Conference Date _____

Hosting School(s) _____

School Address _____

Adviser(s) _____ E-Mail _____

Number of schools attended: CSF _____ CJSF _____

Attach list of CSF & CJSF chapters who attended schools with number of attendees per school

Registration Fee _____

INCOME

Number of attendees _____ @ _____ = \$ _____

Student Interviewer Registration (if applicable) \$ _____ (CSF pays)

CSF/CJSF State Board - Number attending _____ @ _____ = \$ _____ (CSF pays half)

CSF/CJSF State Board Grant \$ _____

Donations (if applicable) \$ _____

Less any refunds (_____)

TOTAL INCOME \$ _____

EXPENSES

Printing _____

Food _____

Supplies _____

Speaker(s) _____

Entertainment _____

Door Prizes _____

Other (explain) _____

TOTAL EXPENSES \$ _____

PROFIT or (LOSS) \$ _____

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Treasurer's Approval _____ Date _____

Paid by Treasurer _____ Date _____

**Final Payment for Board Members _____ Check Number _____