Reconciliation: Event Expenses

Event Number

Chairperson: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Event Name: _____

Event Date(s): _____

Date	To Whom Paid	Description	Expenses Pd by Treas.	Expenses Pd by Chair
		Expenses Subtotals		
		Expenses Total		

Cash Advances to Chairperson			
Payment	Date	Check #	Amount
1			
2			
3			
4			
5			
Total Advances to Chairperson			
Less Expenses paid by Chairperson			
Balance (adv less exp paid)			

Negative Balance: Ullr owes the Chair that amount

Positive Balance: The Chair owes Ullr that amount

1. **Send no cash in the mail!**
2. **No payments will be made without receipts!**
3. **List all expenses incurred, even by others on your committee.**
4. **Attach receipts for all items.**

Note: Only the chairperson will receive a check for expenses. All expenses must be turned in by that person, and they are responsible for reimbursement to their co-chair people.