SOUTHEAST TEXAS SUZUKI ASSOCIATION

INCOME RECEIPT FORM

Date: _____ Submitted by: _____

Event: _____ Event Date: _____

Team Leader: _____ Phone: _____

Team Members: _____ Phone: _____

Entry Fees:

_____ entry fees at $_____ each, total cash.....$_____
_____ entry fees at $_____ each, total checks.....$_____
_____ entry fees at $_____ each, total PayPal/online.....$_____
_____ entry fees at $_____ each, total PayPal/online.....$_____
_____ entry fees at $_____ each, total PayPal/online.....$_____
_____ entry fees at $_____ each, total PayPal/online.....$_____
_____ entry fees at $_____ each, total PayPal/online.....$_____

Donations:

_____ scholarship donations, total cash.....$_____
_____ scholarship donations, total checks.....$_____
_____ scholarship donations, total PayPal/online.....$_____
_____ general fund donations, total cash.....$_____
_____ general fund donations, total checks.....$_____
_____ general fund donations, total PayPal/online.....$_____
_____ event donations, _____ total cash.....$_____
_____ event donations, _____ total checks.....$_____
_____ event donations, _____ total PayPal.....$_____

(please indicate designated donation purpose if applicable)

Other Income:

_____ other income, _____, total cash.....$_____
_____ other income, _____, total checks.....$_____
_____ other income, _____, total PayPal/online.....$_____
_____ other income, _____, total _____.....$_____
_____ other income, _____, total _____.....$_____
_____ other income, _____, total _____.....$_____

(in the blank, please indicate type of income - t-shirt sales, snack sales, etc.)

Totals: *(include all entry fees, donations, other income)*

Total cash income.....$_____
Total number of checks _____ total income.....$_____
Total number of Pay-Pal/online payments _____ total income.....$_____

Please attach Page two: Itemized List of Checks and Cash

Please submit all income within two weeks of the event

Submit one copy to the Event Team Leader
Submit one copy to the STXSA Treasurer: treasurer@stxsa.org
Give all checks and cash to the STXSA Treasurer
Upload one copy to the event folder in the STXSA Google Drive

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ITEMIZED LIST OF CHECKS AND CASH

Page ___ of ___ *Please attach to page 1: Income Receipt Form*

Date: _____ Submitted by: _____

Event: _____ Event Date: _____

Team Leader: _____ Phone: _____

Team Members: _____

Name	Check number/ cash/ PayPal/ online	Date	Amount	Purpose
TOTAL			$	

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