

**EVENTS INCOME/EXPENSE STATEMENT**

**Date Submitted**

**Reimbursed person's name  
& Address**


**Phone number**

**Income total amount**

**Expense total amount**

**Please attach receipts**

**Expense Categories**

**Amount**

**Income Categories**

Airport/Hotel Shuttle  
Copies  
Facility Rent  
Flights  
Hotel rooms  
Literature  
Mailing  
Meals at Hotel  
Meals not at Hotel  
Mileage  
Supplies  
Tips  
Tolls


Literature  
Raffle  
Refreshment  
Seventh Tradition


**NHI TREASURER USE ONLY**

Date Intergroup paid:

Check#