

**Parents Without Partners, Inc., Chapter 715  
Summary of Income and Expense Form**

*IF ACTIVITY CANCELLED, THIS SHEET MUST BE RETURNED TO TREASURER MARKED CANCELLED*

Name of Function	Program Area (PS/F&Y/LEO/P&E)	Date
Location	Host/Hostess:	Individual Activity Fee per Newsletter \$

*If event is cancelled mail this sheet back in the enclosed envelope. Thank you.*

<b>INCOME:</b>	<b>AMOUNT RECEIVED:</b>
# of 715 members attending: _____	<b>TOTAL INCOME</b> \$
	<b>ADVANCE</b> \$
<b>TOTAL ADVANCE AND INCOME</b>	<b>\$</b>

<b>EXPENSES:</b> <i>Attach Receipts to get reimbursed)</i>			
<b>ITEM:</b>	<b>PAID TO:</b>	<b>AMOUNT:</b>	<b>INITIALED BY RECIPIENT:</b>
Food:		\$	
		\$	
		\$	
		\$	
Beverages:		\$	
		\$	
		\$	
		\$	
Supplies:		\$	
		\$	
		\$	
Other/Subsidy:		\$	
		\$	
		\$	
Please fill in your <b>MAILING ADDRESS</b> so we can reimburse you ASAP:		<b>TOTAL EXPENSES</b>	\$
		<b>Profit or (Loss)</b>	\$
<b>Balance Due Host/Hostess</b>	\$	<b>Balance Due PWP</b>	\$
<b>Submitted by:</b> <u>  X  </u> <b>Title:</b> <u>  X  </u>			

IRS requires that this form and the sign-in form for this activity be retained by the Chapter. Please attach receipts, along with this form and **check payable to PWP Chapter 715** for the balance due **PWP WITHIN 2 DAYS** in the self-addressed envelope. Questions?? Contact Peggy Peterson 703 309-6033. Mail this form with check/receipts to Patrick Duffy, at PWP Fairfax Chapter 715, P.O. Box 358, Merrifield, VA 22116. Money Questions?? E-mail address: patrickduffy423@msn.com **Thank you for your cooperation.**