

**NY STATE
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
AREA CONFERENCE FINANCIAL REPORT**

AREA CONFERENCE (i.e.: Capital, Eastern, West Central) _____

CONFERENCE LOCATION _____

DATE OF CONFERENCE _____

CONFERENCE CHAIR _____

CONFERENCE REGISTRAR _____

CONFERENCE TREASURER _____

CONFERENCE DESCRIPTION

CONFERENCE INCOME: ***Please attach Registrar's spreadsheet***

	Number	Cost	TOTAL
Registration			
Late Registration			
Meals			
Other: please specify			
Other: please specify			
GRAND TOTAL			

CONFERENCE EXPENSES: ***Please attach receipts for ALL expenses***

	Number	Cost	TOTAL
Food/Beverage			
Printed Materials			
Outside Presenters			
AV/Computer Equipment			
Meeting Rooms			
Miscellaneous: please specify			
Miscellaneous: please specify			
GRAND TOTAL			

Over →

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CONFERENCE DISBURSEMENTS: ***Please note check number for each***

Paid to the Order of:	Check Number	TOTAL

SURPLUS \$ _____
(Send to NY State Treasurer)

OR

LOSS \$ _____
(Submit to NY State President)

SIGNATURE (Chair or Treasurer) _____

Within one week of closing the conference books, submit a copy of this report to:

State Second Vice-President

State Audit Chair *(with Financial Records)*

State President

State Treasurer *(with surplus)*

14/15 Audit Committee