

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
PI STATE, NEW YORK  
STATE CONVENTION FINANCIAL REPORT**

Date of Convention \_\_\_\_\_ Date of Report \_\_\_\_\_

Location \_\_\_\_\_

Chairperson \_\_\_\_\_ Email \_\_\_\_\_

Registrar \_\_\_\_\_ Email \_\_\_\_\_

Treasurer \_\_\_\_\_ Email \_\_\_\_\_

Please attach copies of all bills and receipts, the registrar's spreadsheets, and any committee minutes that approves any spending that does not include a bill (i.e. a gift to a speaker who does not charge for presenting).

**INCOME**

Seed Money from Pi State

Amount \_\_\_\_\_

Total Seed Money \_\_\_\_\_

<u>Registrations</u>	<u>Count</u>		<u>Cost</u>	<u>Total</u>	
Full Conv.	_____	@	_____	_____	
Single Day	_____	@	_____	_____	
Late Conv.	_____	@	_____	_____	
				<b>Total Registration</b>	_____

<u>Meals</u>	<u>Count</u>		<u>Cost</u>	<u>Total</u>	
Dinner (Fri.)	_____	@	_____	_____	
Breakfast (Sat.)	_____	@	_____	_____	
Lunch (Sat.)	_____	@	_____	_____	
Dinner (Sat.)	_____	@	_____	_____	
Brunch (Sun.)	_____	@	_____	_____	

Other Food

Friday Dessert \_\_\_\_\_ @ \_\_\_\_\_  
 Saturday Break \_\_\_\_\_ @ \_\_\_\_\_

Total Meal \_\_\_\_\_

<u>Tours</u>	<u>Name</u>	<u>Count</u>		<u>Cost</u>	<u>Total</u>	
	_____	_____	@	_____	_____	
	_____	_____	@	_____	_____	
	_____	_____	@	_____	_____	
	_____	_____	@	_____	_____	
	_____	_____	@	_____	_____	

Total Tour \_\_\_\_\_

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<u>Miscellaneous Income</u>	<u>Description</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Miscellaneous		_____
<u>TOTAL INCOME</u>		_____

**DISBURSEMENTS**  
(Please attach all bills)

<u>Registration</u>	<u>Description</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Registration		_____

<u>Meals</u>	<u>Count</u>	<u>@</u>	<u>Cost</u>	<u>Total</u>
Dinner (Fri.)	_____	@	_____	_____
Breakfast (Sat.)	_____	@	_____	_____
Lunch (Sat.)	_____	@	_____	_____
Dinner (Sat.)	_____	@	_____	_____
Brunch (Sun.)	_____	@	_____	_____
Total Meals				_____

<u>Other Food</u>				
Friday Dessert	_____	@	_____	_____
Saturday Break	_____	@	_____	_____
Total Other Food				_____

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<u>Tours</u>	<u>Name</u>	<u>Count</u>		<u>Cost</u>	<u>Total</u>
_____	_____	_____	@	_____	_____
_____	_____	_____	@	_____	_____
_____	_____	_____	@	_____	_____
_____	_____	_____	@	_____	_____
_____	_____	_____	@	_____	_____
Total Tours					_____

<u>Flowers</u>	<u>Description</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Flowers		_____

<u>Printed Materials</u>	<u>Description</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Printed Materials		_____

**Presenter Honorariums** (If a speaker or presenter charges a fee, ask for a bill. If you are presenting them with a monetary thank you gift, please include minutes of meeting where expenditure was approved.)

_____	_____	
_____	_____	
_____	_____	
Total Honorariums		_____

**Audio Visual/Computer/Microphone/etc. Equipment**

_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Equipment		_____

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Meeting Rooms

_____	_____
_____	_____
_____	_____
_____	_____

Total Meeting Rooms \_\_\_\_\_

Music

_____	_____
_____	_____
_____	_____
_____	_____

Total Music \_\_\_\_\_

Hour Of Remembrance

_____	_____
_____	_____
_____	_____

Total Hour of Remembrance \_\_\_\_\_

Publicity

_____	_____
_____	_____
_____	_____

Total Publicity \_\_\_\_\_

President's Gift

_____	_____
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Total President's Gift \_\_\_\_\_

Repayment of Seed Money

_____	_____
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Total Repayment of Seed Money \_\_\_\_\_

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<u>Refunds</u>	<u>Description</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Refunds	_____

<u>Miscellaneous Expenses</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Miscellaneous	_____

TOTAL DISBURSEMENTS \_\_\_\_\_

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TOTAL INCOME \_\_\_\_\_

TOTAL DISBURSEMENT \_\_\_\_\_

DIFFERENCE (+ OR -) \_\_\_\_\_

SURPLUS:      HALF TO PI STATE \_\_\_\_\_  
                  Send check and form to Pi State Treasurer)

                  HALF TO SPONSORING CHAPTERS \_\_\_\_\_

LOSS:            (SUBMIT FORM TO STATE PRESIDENT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
                  (Convention Chair or Treasurer)

DATE SUBMITTED \_\_\_\_\_

**Whether Surplus or Loss, send copies to:  
Pi State Second Vice President  
Pi State Audit Chair  
Pi State President  
Pi State Treasurer**