

**NATIONAL SKI PATROL  
EASTERN DIVISION  
PROGRAM INCOME & EXPENSE REPORT**

DATE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

PROGRAM (\*): \_\_\_\_\_

EVENT(\*\*): \_\_\_\_\_

\*FOR EXAMPLE: AVALANCHE, NORDIC, S&T, OEC.

\*\*FOR EXAMPLE: SENIOR S&T OR OEC CLINIC AT ABC SKI AREA

**INCOME**

	#	\$	Total \$
Number of Registrations	0		0
Number of Late Registrations			0
Other Income			0
<b>Total Income (1)</b>			<b>0</b>

**EXPENSES**

**LIST ONLY EXPENSES PAID AT TIME OF EVENT**

Food and Refreshments

Facility Fee (Specify)

Other Expenses (Specify) - use back of form for details,  
include copy of receipt

1

2

3

Total Expenses incurred at event (2) 0

BALANCE DUE DIVISION

Balance Due Eastern Division (3) 0

IF ALL EXPENSES HAVE BEEN PAID AND A NET AMOUNT  
IS DUE THE DIVISION:

Complete this form within seven days of the program event  
and mail a check payable

to "Eastern Division NSP" for balance due Division (3) to:

**Alex Edwards**  
**47 Dock Street, Plattsburgh, NY 12901-3049**  
**518-563-1600 x-1 W**  
[alex@aecocpas.com](mailto:alex@aecocpas.com)

AND

Forward a copy of this form to the Program Chair responsible for program

OR

If expenses exceed income for the event or reimbursement is due individuals, prepare this form and a standard Expense Account Statement for each person owed money. Forward all checks & forms to the Program Supervisor responsible for program, for review and approval. After review and approval the Program supervisor will forward checks, this form, and approved "Expense Account Statements" to the Treasurer for processing.

Report submitted by: (PLEASE PRINT)

APPROVED BY

NAME: \_\_\_\_\_ ADVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADD \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (O) \_\_\_\_\_

EMAIL: \_\_\_\_\_