"Out of Pocket Expenses" Paid

Date

Name of Organization

License Number

The asterisk shown beside the Bona Fide members signatures hereby agree to be in charge of and responsible for the conduct of this bingo event.

Total of Out of Pocket expense for this event:

Workers	Address	Phone No.	Meals	Baby Sitting	Mileage	Signature
Total KM						
@ \$0.50						
Total expenses						

Any mileage charges should be calculated from address shown. This sheet must be submitted with report in order to consider report complete. Groups who do not declare honorariums, please make note on this sheet and attach to report

** Take note that any amount outstanding, may <u>not</u> be reported as honorarium and may <u>not</u> be deposited in trust account.