

LEWIS AND CLARK CONFERENCE

VOCAL MUSIC CLINIC

FINANCIAL STATEMENT

SITE: _____

RECEIPTS:

A. TOTAL GATE RECEIPTS: \$ _____

EXPENSES:

B. *Clinician* \$ _____

C. *Accompanist* \$ _____

D. *Music* \$ _____

E. TOTAL EXPENSES: (Add lines B thru D) \$ _____

F. CONFERENCE PROFIT/LOSS: \$ _____

Please send a check for the profit on Line F to the address below or send this as a bill for the loss (amount due host school) on Line F to the address below.

Mail or E-mail completed form to the conference treasurer:

**Mike Pattee
Allen Consolidated Schools
PO Box 190
Allen, NE 68710**