

**LABRADOR RETRIEVER CLUB, INC.  
NATIONAL SPECIALTY EVENT**

**REVENUE REPORT FORM**

**EVENT TREASURER MUST RECEIVE REVENUE NO LATER THAN FIVE DAYS AFTER CLOSE OF EVENT WEEK**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Detail revenue by event and/or budget line-item.  
Forward to: Tami Wilson, Event Treasurer 674 Airline Road, Amherst, ME 04605-8430  
(207-584-3380) twilson@gwi.net

Event	Budget Item	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

CASH \$ \_\_\_\_\_ CHECKS \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

ACCOUNTING

Verified \_\_\_\_\_ Verified \_\_\_\_\_ Deposit Date \_\_\_\_\_ Deposit Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_