

New York State Society of Enrolled Agents

Chapter Level Education/Event Report

Chapter _____ Event date _____

Report submitted by _____

Submitter's email address _____ phone _____

Event Topic _____

Speaker _____

Please attach a copy of your advertisement for this event.

| | Number attending | Fee Charged | Other fees | Amount collected |
|----------------------|------------------|-------------|------------|------------------|
| Members | | | | \$ |
| Members | | | | \$ |
| Non-Members | | | | \$ |
| Non-Members | | | | \$ |
| Speaker | | | | \$ |
| Others in Attendance | | | | \$ |
| TOTALS | | | | \$ |

Your details must compute to match the deposit(s) made.
Please include the Sign-in Sheet for this event.

Expense Summary

| | | |
|--|-----------------------|-----------|
| Meeting Notices (paper/printing) | Number prepared _____ | \$ |
| Postage | | \$ |
| Speaker fees (meal \$ _____, materials \$ _____, hotel \$ _____ mileage \$ _____ parking \$ _____ tolls \$ _____) | | \$ |
| Facility/Meal costs | | \$ |
| Equipment rentals or other venue expenses (provide details*) | | \$ |
| Other (provide details*) | | \$ |
| Other (provide details*) | | \$ |
| Other (provide details*) | | \$ |
| TOTAL MEETING EXPENSES | | \$ |

NOTE: ATTACHMENTS REQUIRED

- | | |
|--|--|
| <input type="checkbox"/> Bank Deposit Slip | <input type="checkbox"/> Event Notice |
| <input type="checkbox"/> Copy of Sign-In Sheet from this Event | <input type="checkbox"/> Additional Receipts |

Event Report Forms with incomplete information or missing attachments will be returned.

Report is due to NYSSEA **Bookkeeper** * within FIVE (5) days of the event:

*Bookkeeper Address: NYSSEA, c/o Allen Street Consulting, 394 Franklin Street, Buffalo, NY 14202

Email: jennifer@allenstreet.net FAX: 716.218.0564