

BAY STATE TRAIL RIDERS ASOCIATION, INC
Ride Income/Expense Report

For: _____
 (Ride name and date, contact person and phone number)

INCOME ITEMS (return with report please)	
Ride Fees	
PayPal Payments	
Donations	
Memberships	
Clothing Sales	
Food/Drink Sales	
Raffle	
Other	
TOTAL INCOME	

EXPENSE ITEMS (attach receipts/explanation)	
Food/drink, paper goods, cooking supplies	
Trophies/Ribbons	
Other prizes (raffle, favors, etc.)	
Markers, signs, maps, etc.	
Judge or other personnel fees	
Land Use Fees	
Pay Pal Fees	
Other	
TOTAL EXPENSES	

Net Profit or Loss from Ride \$ _____

REIMBURSEMENT: NAME _____

ADDRESS _____

PHONE NUMBER _____ AMOUNT REQUESTED \$ _____

OFFICE USE ONLY Paid by Ck # _____

Please list workers/helpers for this event. _____

Questions: Call Becky 508-476-3960 or Rose 401-762-4805