SPECIAL OLYMPICS NEW MEXICO, INC.

AREA/LOCAL PROGRAM

REVENUE SUBMITTAL FORM

IMPORTANT NOTE:
THIS REPORT IS TO BE USED TO SUBMIT FUNDS RECEIVED. REPORT CASH/CHECKS AS WELL AS IN KIND DONATONS. ALL DONATIONS (ONLY THE VALUE OF IN KIND) MUST BE FORWARDED TO THE CHAPTER OFFICE WITH THIS REPORT.

PROGRAM NAME:		___ ___ ___ . ___
PROGRAM DIRECTOR:		
PHONE NUMBER:		
DATE:		

REVENUE (receipts must be attached)

DATE	RECEIPT #	DONOR		AMOUNT	FOR OFC USE ONLY - GL ACCT #
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				TOTAL	$

IF MORE SPACE IS NEEDED TO LIST ADDITIONAL REVENUE, PLEASE USE REVERSE OF THIS FORM.

THIS COMPLETED FORM MUST BE RETURNED TO THE SONM CHAPTER OFFICE.