

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 DONATIONS. 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	THANK YOU NEEDED? Y/N	AMOUNT	FOR OFFICE 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.

