

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:	SONM Sample Delegation	SONM.0
PROGRAM DIRECTOR:		
PHONE NUMBER:		
DATE:		

REVENUE

DATE	DONOR	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.
