D.A.V. DEPARTMENT OF ARIZONA Service Program Quarterly Assessment Report

Submit Form to:

Treasurer, DAV, Department of Arizona 38 West Dunlap Avenue Phoenix, Arizona 85021

(602) 678-0333

DATE: _____

(Read Instructions carefully before completing this form.)

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INSERT APPROPRIA	TE NUMBER:	Chapter_	, Unit_	, NOTR_	, NC	DAC
FISCAL YEAR:	July 1, Year:_		_ through June 30, Year:			
Reporting Quarter:	Jul, Aug, Sep Jan, Feb, Mar		File NLT Oct. 31 Oct, Nov, File NLT Apr. 30 Apr, May		DecFile NLT Jan. 3 JunFile NLT Jul. 3	
	FUND RA	AISERS	Report All	Fund-Raisers		
1. BINGO Assessment: Gross Receipts (See 7, Bingo Rpt) (Less) Bingo Prizes, Tax, Supplies, Int. NET: (Less) No more than 40% of Net: (Provide a list of items being deducted) (Remaining Balance: (Assessable Amount (10 percent)		Gross Re (Less) E L (Less) T (Less) N (Provide a	NGE Assessment ceipts imployee Payroll imployee P/R Tax ounge Resupply iquor Liability Ins. otal of Deductions: NET: lo more than 40% of a list of items being dig Balance:	\$\$ \$\$ \$	\$ =	
3. FORGET ME NOT DRIVE Assessment:				ele Amount (10 perce	nt):	\$ \$
Gross Receipts: Less) Cost of Supplies NET: Assessable Amount (10 pe 6. HALL RENTALS A	rcent)		Gross Re (Less) E E V G	IFT STORE Assections: ceipts:	\$ \$	\$
Less) Actual Cost of Fund NET:	Raiser: \$ \$			NET: o more than 40% of	Note	
Less) No more than 40% of Remaining Balance: Assessable Amount (10 per	of Net: \$ \$ rcent) \$	UND RAI	(Provide a Remainin Assessab	a list of items being d g Balance: le Amount (10 perce REVERSE SIDE)	educted)	\$ \$
ASSESSMENT: 1. BINGO OPERA 2. LOUNGE OPER 3. FORGET ME NO 4. THRIFT STORE 5. HALL RENTAL I 6. OTHER FUND F	TIONS: RATIONS: OT: E OPERATIONS: FUND RAISERS: RAISERS:	\$\$ \$\$ \$\$	T	IST: TWO LARG	\$ \$ \$ \$: \$	SESSMENTS:
	and any or account	y miorinauUff	to be accurate and h	actual to the best of INY KI	iowieuge:	

Retain Copy For Your Records

Rev. 1/03

PREPARED BY: ____

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(Read Instructions carefully before completing this form.) INSERT APPROPRIATE NUMBER: Chapter ____, Unit ____, NOTR_____, NOAC_____ July 1, Year:_____ through June 30, Year: ____ FISCAL YEAR: Jul, Aug, Sep _____File NLT Oct. 31 Oct, Nov, Dec_____File NLT Jan. 31 Reporting Quarter: Jan, Feb, Mar____ File NLT Apr. 30 Apr, May, Jun____ File NLT Jul. 31 (CHECK BOX) FUND RAISERS (Report All Fund-Raisers) ADDENDUM 5. OTHER FUND RAISERS Assessment: 5. OTHER FUND RAISERS Assessment: Description: Description: **Gross Receipts:** Gross Receipts: (Less) Actual Cost of Fund Raiser: (Less) Actual Cost of Fund Raiser: (Provide a list of items being deducted) (Provide a list of items being deducted) NET: NET: Assessable Amount (10 percent) Assessable Amount (10 percent) 5. OTHER FUND RAISERS Assessment: 5. OTHER FUND RAISERS Assessment: Description: Description: Gross Receipts: **Gross Receipts:** (Less) Actual Cost of Fund Raiser: (Less) Actual Cost of Fund Raiser: (Provide a list of items being deducted) (Provide a list of items being deducted) NET: NET: Assessable Amount (10 percent) Assessable Amount (10 percent) 5. OTHER FUND RAISERS Assessment: 5. OTHER FUND RAISERS Assessment: Description: Description: **Gross Receipts:** Gross Receipts: (Less) Actual Cost of Fund Raiser: (Less) Actual Cost of Fund Raiser: (Provide a list of items being deducted) (Provide a list of items being deducted) NET: NET: Assessable Amount (10 percent) Assessable Amount (10 percent) I certify the above accounting information to be accurate and factual to the best of my knowledge: PREPARED BY: DATE: Retain Copy For Your Records