

**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**

(Read Instructions carefully before completing this form.)

**INSERT APPROPRIATE NUMBER: Chapter** \_\_\_\_\_, **Unit** \_\_\_\_\_, **NOTR** \_\_\_\_\_, **NOAC** \_\_\_\_\_

**FISCAL YEAR:** July 1, Year: \_\_\_\_\_ through June 30, Year: \_\_\_\_\_

**Reporting Quarter:** Jul, Aug, Sep \_\_\_\_\_ File NLT Oct. 31      Oct, Nov, Dec \_\_\_\_\_ File NLT Jan. 31  
Jan, Feb, Mar \_\_\_\_\_ File NLT Apr. 30      Apr, May, Jun \_\_\_\_\_ File NLT Jul. 31

**FUND RAISERS (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) \$ \_\_\_\_\_

**2. LOUNGE Assessment:**

Gross Receipts \$ \_\_\_\_\_  
(Less) Employee Payroll \$ \_\_\_\_\_  
Employee P/R Tax \$ \_\_\_\_\_  
Lounge Resupply \$ \_\_\_\_\_  
Liquor Liability Ins. \$ \_\_\_\_\_  
(Less) Total of Deductions: \$ \_\_\_\_\_  
NET: \$ \_\_\_\_\_  
(Less) No more than 40% of Net: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
Remaining Balance: \$ \_\_\_\_\_  
Assessable Amount (10 percent): \$ \_\_\_\_\_

**3. FORGET ME NOT DRIVE Assessment:**

Gross Receipts: \$ \_\_\_\_\_  
(Less) Cost of Supplies \$ \_\_\_\_\_  
NET: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

**4. THRIFT STORE Assessment:**

Gross Receipts: \$ \_\_\_\_\_  
(Less) Employee Salaries: \$ \_\_\_\_\_  
Employee P/R Tax: \$ \_\_\_\_\_  
Vehicle Maintenance: \$ \_\_\_\_\_  
Gen. Liability Ins. \$ \_\_\_\_\_  
(Less) Total of Deductions \$ \_\_\_\_\_  
NET: \$ \_\_\_\_\_  
(Less) No more than 40% of Net: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
Remaining Balance: \$ \_\_\_\_\_  
Assessable Amount (10 percent): \$ \_\_\_\_\_

**5. HALL RENTALS Assessment:**

Gross Receipts: \$ \_\_\_\_\_  
(Less) Actual Cost of Fund Raiser: \$ \_\_\_\_\_  
NET: \$ \_\_\_\_\_  
(Less) No more than 40% of Net: \$ \_\_\_\_\_  
Remaining Balance: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

**(OTHER FUND RAISERS, SEE REVERSE SIDE)**

**ASSESSMENTS:**

1. BINGO OPERATIONS: \$ \_\_\_\_\_  
2. LOUNGE OPERATIONS: \$ \_\_\_\_\_  
3. FORGET ME NOT: \$ \_\_\_\_\_  
4. THRIFT STORE OPERATIONS: \$ \_\_\_\_\_  
5. HALL RENTAL FUND RAISERS: \$ \_\_\_\_\_  
6. OTHER FUND RAISERS: \$ \_\_\_\_\_

**LIST: TWO LARGEST ASSESSMENTS:**

**Total: Two Largest &  
Amount Remitted:** \$ \_\_\_\_\_

*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

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(CHECK BOX)      Jan, Feb, Mar \_\_\_\_\_ File NLT Apr. 30      Apr, May, Jun \_\_\_\_\_ File NLT Jul. 31

**FUND RAISERS (Report All Fund-Raisers)**  
**ADDENDUM**

**5. OTHER FUND RAISERS Assessment:**

Description: \_\_\_\_\_  
Gross Receipts: \$ \_\_\_\_\_  
(Less) Actual Cost of Fund Raiser: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
NET: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

**5. OTHER FUND RAISERS Assessment:**

Description: \_\_\_\_\_  
Gross Receipts: \$ \_\_\_\_\_  
(Less) Actual Cost of Fund Raiser: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
NET: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

**5. OTHER FUND RAISERS Assessment:**

Description: \_\_\_\_\_  
Gross Receipts: \$ \_\_\_\_\_  
(Less) Actual Cost of Fund Raiser: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
NET: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

**5. OTHER FUND RAISERS Assessment:**

Description: \_\_\_\_\_  
Gross Receipts: \$ \_\_\_\_\_  
(Less) Actual Cost of Fund Raiser: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
NET: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

**5. OTHER FUND RAISERS Assessment:**

Description: \_\_\_\_\_  
Gross Receipts: \$ \_\_\_\_\_  
(Less) Actual Cost of Fund Raiser: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
NET: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

**5. OTHER FUND RAISERS Assessment:**

Description: \_\_\_\_\_  
Gross Receipts: \$ \_\_\_\_\_  
(Less) Actual Cost of Fund Raiser: \$ \_\_\_\_\_  
(Provide a list of items being deducted)  
NET: \$ \_\_\_\_\_  
Assessable Amount (10 percent) \$ \_\_\_\_\_

*I certify the above accounting information to be accurate and factual to the best of my knowledge:*

**PREPARED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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