A.B.A.T.E. of Oregon, Inc.

Final Event Reconciliation Report

Chapter:		
Event:		
Event Date:		
Total Number of Event Attendees:		
TYPE OF EXPENSE	DESCRIPTION	AMOUNT
	EXPENSE SUBTOTAL	
TYPE OF INCOME	DESCRIPTION	AMOUNT
	INCOME SUBTOTAL	
TOTAL	INCOME:	
TOTAL	EXPENSES:	
NET INC	OME:	
10% of NET INCC	ME to STATE.	