# North Carolina Region, SCCA

Please circle one: INCOME EXPENSE

Event: Submitted by:

|  |  |  |
| --- | --- | --- |
| Transaction Date | Description of Expenditure(s) or attach the sales receipts or copies, any bills that apply, or deposit slips. | Transaction Amount |
|  |  |  |
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|  |  |  |
|  |  |  |

**$**

# TOTAL:

**Mail form & receipts to: NCR-SCCA**

1081 Ace Drive #6

Alton, VA 24520

Indicate what the income/expense is for/from, or the event if applicable. All expenses MUST be submitted within 60 days of the event. Income should be submitted within 14 days.

|  |  |
| --- | --- |
| General/Membership |   |
| Board/Chapters |   |
| Newsletter/Bulletin |   |
| Properties/Equipment |   |
| Racing/Specialty |   |
| Solo/Auto-X/Rally |   |
| Club Office |   |
| Other: Explain |   |

Who needs to be reimbursed?

Name Address

Phone #