NORTH CENTRAL WASHINGTON ACTIVITIES ASSOCIATION
DISTRICT # 6 OF THE WIAA

ITEMIZED FINANCIAL REPORT

_____
(SPORT)

MANAGER _____ SITE _____ DATE _____

CLASSIFICATION _____ BOYS _____ GIRLS _____

PERSONNEL EXPENSES (please include volunteer workers on list)

NAME	JOB RESPONSIBILITY	AMOUNT AUTHORIZED FOR PAYMENT	# HOURS WORKED (DIRECTOR'S USE ONLY)

TOTAL THIS PAGE _____

OPERATIONAL EXPENSES

ITEM	TO	AMOUNT

TOTAL THIS PAGE _____

TOTAL EXPENSES _____

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