



Maritime Association of Professional Sign Language Interpreters

P.O. Box 2625, Halifax, N.S. B3J 3P7

Fundraising Event Proceeds

Name of Event: _____

Date of Event: _____

List of Revenues	Amount

List of Expenses	Amount

Total submitted \$ _____

Total Revenue \$ _____ Total Expenses \$ _____

Please submit this signed form with all accompanying materials (if any) to MAPSLI Treasurer for every Fundraising Event. Two signatures are required.

Received by: _____

Name

Signature

Name

Signature

Treasurer: _____

Signature

Date Received