

New York State Society of Enrolled Agents

Event Report

Chapter _____ Date _____

Treasurer _____

Topic _____

Speaker _____

	Number attending	CPE fees	Meals	Amount Collected
Members				
Non-Members				
CPAs				
TOTAL				

	Amount Paid
Meeting Notices (paper/printing) Number sent _____	\$ _____
Postage	_____
Speaker (meal/materials)	_____
Meal Cost	_____
Other Costs (equipment rental/etc.)	_____
TOTAL MEETING COSTS	\$ _____
minus NYSSEA Scrip	(_____)
TOTAL DEPOSIT	\$ _____

(deposit slip MUST be attached)

Report is due to NYSSEA Treasurer * within FIVE (5) Days of the event

* NYSSEA Treasurer: Annemarie Kershaw, EA, 126 Carleton Ave., Islip Terrace, NY 11752-2639