NMGRA Event Receipt Report

Date: ..... Host: .....

Location: .....

Event Name: .....

Fund Raiser for (if credited to Royalty, show amount to each): _____

_____

_____

_____

_____

Funds Restricted: _____yes _____no

If restricted, what is the restriction: _____

_____

Amount of money received: _____ Date Deposited _____

Money counted by:

_____

_____

Deposited by: _____

Updated August 2026