

**CLCA San Francisco Bay Area Chapter  
Income Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Committee: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Amount Received \$: \_\_\_\_\_

Checks Total \$: \_\_\_\_\_ Cash Total \$: \_\_\_\_\_

Income Distribution Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Income received from an event should be submitted with the spread sheet (or a copy) used for the event. Chapter events should include dinner meetings, educational seminars, Partner's for Success, award entries, advertisers and etc.**

Submit to: John Vega  
1525 Chapin Ave.  
Burlingame, CA 94010

Phone: 650-533-0742  
Fax:  
Email: johnjvega@gmail.com

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