STATEMENT OF ACTIVITIES
NEW WESTSIDERS
INTEREST GROUP NAME: _____

FY ENDING: _____

NAME OF ACTIVITY	ACTIVITY DATE	PAYMENT FROM INTEREST GROUP FUND	NWS CK #	CK DATE	PAYEE	*RECEIPT FROM PAYEE	REPAYMENT TO INTEREST GROUP FUND	DATE OF REPAYMENT	**NET TOTAL
									-
**NET TOTAL OF EACH ACTIVITY MUST BE ''0'' WITHIN 2 WEEKS OF END OF ACTIVITY									
*RECEIPTS MUST BE ATTACHED									