# WMGA Team Matches

## 2026 SERIES CAPTAIN EXPENSE REPORT

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Name:** | | | | | | | |
| **District:** | | | | | | | |
| **Series:** | | | | | | | |
| | | | | | | | |
| **INCOME** | **DESCRIPTION** | **4/21/2026** | **4/23/2026** | **4/28/2026** | **4/30/2026** | **5/5/2026** | **Grand Total** |
| | Team Match Season | | | | | | |
| **Amount Received:** | **WMGA Contribution** | $ 150.00 | $ 150.00 | $ 150.00 | $ 150.00 | $ 150.00 | $ 750.00 |
| | | | | | | | |
| **EXPENSES** | **DESCRIPTION** | | | | | | |
| | Per Match | | | | | | |
| **Locker Room** | $60 recommended | | | | | | |
| **Caddie or Cart Manager** | $90 recommended | | | | | | |
| **Miscellanous** | | | | | | | |
| **Other** | | | | | | | |
| **Amount Spent:** | | $ - | $ - | $ - | $ - | $ - | |
| | | | | | | | |
| **TOTAL: **** | **Monies over or under spent** | **$ -** | **$ -** | **$ -** | **$ -** | **$ -** | |
| | | | | | | | |
| **** Total = Amount Received minus Amount Spent** | | | | | | | |
| **Please fill in your expenses after each match (input into the yellow cells for each match)** | | | | | | | |
| **After the final match, please complete this form and email it to the WMGA with a copy to your District Chair.** | | | | | | | |
| **If you have money leftover, please include a check payable to the WMGA. If you are owed money, a check will be sent to you.** | | | | | | | |
| | | | | | | | |
| **WMGA - 49 Knollwood Road, Elmsford, NY 10523** | | | | | | | |