



Treasurer's Report

Chapter No. _____ State _____ Treasurer's Report for _____, _____
(Month) (Year)

Name and Address of Bank _____

1. Balance of all funds (Line 28 from Last Report) \$ _____

RECEIPTS

- 2. Awards from Home Office (Activity Award, etc.) \$ _____
- 3. Sales/Fundraiser (Other than matched funds) _____
- 4. Fundraiser (Earned for Matching Funds) _____
- 5. Other Receipts from Home Office (Matched Funds/Grants) _____
- 6. Interest Earned _____
- 7. Fraternal Fund _____
- 8. Auxiliary Club Receipts (Specify) _____
- 9. Income from other sources (Explain) _____

DISBURSEMENTS

- 11. Donations of: **(Itemize on back)**
 - a. Matched Funds \$ _____
 - b. Volunteer Service Grants _____
- 12. Donations-Other than listed above **(Itemize on back)** _____
- 13. Expense of Fundraiser _____
- 14. Assistance/Memorial to bereaved families/Flowers _____
- 15. Fraternal Courtesies/Gifts _____
- 16. Rent _____
- 17. Bank Charges _____
- 18. Stationery/Supplies/Pins _____
- 19. Postage/Telephone _____
- 20. Meeting Expenses (Refreshments/Speakers/Etc.) _____
- 21. Miscellaneous **(Explain)** _____
- 22. Expense to Attend: State/Regional Meetings Quad. District/National Conv. _____
- 23. **TOTAL DISBURSEMENTS** \$ _____

10. **TOTAL RECEIPTS** \$ _____

SUMMARY

- | | |
|--|--|
| <ul style="list-style-type: none"> 24. Beginning Balance (Enter figure from line 1) \$ _____ 25. Total Receipts (Enter figure from line 10) + _____ 26. Sub Total (Add lines 24 and 25) = _____ 27. Total Disbursements (Enter figure from line 23) _____ 28. Current Balance of all Funds ** \$ _____ | <ul style="list-style-type: none"> 29. Checking Account \$ _____ 30. Savings Account _____ 31. Investments (CDs/Bonds) _____ 32. Petty Cash _____ 33. Total of All Funds ** \$ _____ |
|--|--|

**** LINE 28 AND LINE 33 MUST AGREE**

Treasurer _____

Itemize donations from lines 11 & 12 on front page:

Charity		Amount \$	

(If additional space is required, use plain paper)

CHAPTER ACTIVITIES

	Date	# of Members	# of Guests	# of Guest Volunteers*
Monthly Business Meeting (one per month)				XXXX
Fundraiser			XXXX	
Volunteer Service Project			XXXX	
Social Events (picnic, dance, holiday party, etc.)				XXXX
Membership Drive Event				XXXX
State/Regional Meeting				XXXX
District/National Convention				XXXX

Note: If State or Regional meeting is held in conjunction with Quadrennial District meeting, activity award applies to one meeting only.

**** PLEASE PROVIDE INFORMATION ON ABOVE OTHER THAN MONTHLY MEETING ****

* A **GUEST VOLUNTEER** is a person who is not a member of your Woman's Life chapter, but is working in the name of your chapter to help conduct the project. A person buying a raffle ticket, making a donation, attending a fundraiser CANNOT be counted. If your chapter jointly holds a project with another organization, it should be publicized that *Woman's Life* is a joint sponsor. Members of the other organization CANNOT be counted for reimbursement. **Only funds raised by your Woman's Life members can be considered for matching.** Payment for guests and/or guest volunteers will **not** exceed the number of members participating.

FRATERNAL VOLUNTEER SERVICE

Note: Report only on service by members of the Chapter

Number of visits to sick, bereaved, or disabled	
Hours helping members and hours of community service in name of Woman's Life (transportation, errands, community projects, volunteer work, etc.)	
Hours on Society projects (fundraisers, activities, preparing for social events)	

FOR HOME OFFICE USE

Entered on system _____ by _____