



Local 195, IFPTE AFL-CIO Quarterly Financial Report

LOCAL OFFICE USE ONLY

Authorized Signature of
Approval

Chapter Name: _____ Date: _____

Balance at beginning of quarter: _____ + \$ _____

Income:

Per Capita Received: \$ _____

Other: (if any): + \$ _____

Total Income: _____ + \$ _____

Total funds on hand this quarter before expenses and deductions \$ _____

Expenses:

(Brief Explanation)

Rent for meetings: \$ _____

Refreshments \$ _____

Travel: \$ _____

Telephone: \$ _____

Postage: \$ _____

Good & Welfare: \$ _____

Stationery: \$ _____

Other: \$ _____

Total Expenses: _____ - \$ _____

Balance at end of quarter after expenses: _____ \$ _____

Note: A copy of this statement along with your bank statement must be sent to the Local Office each quarter. Cancelled checks and/or receipts must be kept for your records, as expenditures.

Signed: _____

(names and titles of persons completing report)

Preferably we ask that the Treasurer and Chapter President both sign the report. A chapter person (secretary, steward, member) can sign in their place if one is not available. In any case, we must have two signatures.