

**SAI FRATERNITY  
ALUMNAE CHAPTER TREASURER'S REPORT**

Annual Report for the Year 2\_\_\_\_ - 2\_\_\_\_ Chapter \_\_\_\_\_  
 Due June 1<sup>st</sup> Province \_\_\_\_\_  
 Send one copy to PO and one copy to NH Chapter EIN \_\_\_\_\_

**Instructions:** Please complete this report for the chapter's primary operating account. Only limited information is requested regarding any other accounts you may have, as indicated on the second page. Please send one copy of both this report and the bank statement used to prepare it to your province officer and to NH by June 1<sup>st</sup>. Retain the originals for your chapter records.

Reconciled Opening Balance \_\_\_\_\_

	Budget Approved In September	Year End Report
<b>INCOME</b>		
<b>Local Chapter Full-Year Dues</b> _____ members at \$_____	_____	_____
<b>Local Chapter Half-Year Dues</b> _____ members at \$_____	_____	_____
<b>Interest Earned on Account</b>	_____	_____
<b>Project Income</b>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Other Income</b>	_____	_____
<b>TOTAL INCOME</b>	_____	_____

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**EXPENSES**

<b>Annual Service Charge</b>	_____	_____
<b>Convention Fund (sent to NH)</b>	_____	_____
<i>(The 2006-2007 fiscal year is the last time this Alumnae Convention Fund will be assessed)</i>		
<b>Budgeted for local expenses to send</b>		
<b>Delegate to convention</b>	_____	_____
<b>Liability Insurance Assessment</b>	_____	_____
<b>Distinguished Member Initiations/Fees</b>	_____	_____
<b>Supplies</b>	_____	_____
<b>Jewelry/Awards</b>	_____	_____
<b>Postage/Printing/Telephone/FAX</b>	_____	_____
<b>Chapter Convention Fund</b>	_____	_____
<b>Courtesies</b>	_____	_____
<b>Miscellaneous</b>	_____	_____

Chapter \_\_\_\_\_

**Project Expenses**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Grants and Gifts**

<b>SAI Philanthropies, Inc. (including SMS, People-to-People, MacDowell Colony, etc.)</b>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL EXPENSES**

_____	_____
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**CLOSING BALANCE (opening balance  
plus income minus expenses)**

_____	_____***
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- If closing balance does not match the bank statement, please show the reconciliation below:

	<b>Balance on bank statement</b>	_____
<b>Plus</b>	<b>Deposits not yet recorded by the bank</b>	_____
<b>Minus</b>	<b>Checks not yet cleared</b>	_____
	<b>Final balance (should match closing balance above ***)</b>	_____

**Please list the other accounts your chapter has and the current balance in each.**

<b>Account Name/Type</b>	<b>Balance</b>
_____	_____
_____	_____
_____	_____
_____	_____
	<b>Total</b>
	_____

**I have prepared this report and state it is true and accurate.**

_____	_____
<b>Current Treasurer</b>	<b>Date</b>

**I have examined this report and the chapter financial records, and my examination indicated that this report is true and accurate.**

_____	_____
<b>Appointed Report Examiner</b>	<b>Date</b>

**Send one copy to PO and one copy to NH by June 1<sup>st</sup>. Include copies of bank statements.**