repor meeti receiv	t should be completed fo ngs, the beginning and e yed and total expense line	r every meeting. If the nding balances should l es. Signature of a leade	s financial activity since the las re is no financial activity for th be completed on this form and p r/parent/adult unrelated to the This individual can vary from	e time period between put \$0.00 on the total treasurer to verify that
Signature: Date:				
1.	State the Checking Account beginning balance:			
	Date:	Balance:		
	State the Savings Account beginning balance (if applicable):			
	Date:	Balance:		
2.	Money Received:			
	amount \$	for what purpo	se	
			se	
			se	
	amount \$	for what purpo	se	
Total	Received:\$			
3.	Payments:			
	Check #	_ Pay to the order of:		
	For what purpose: _		Amount \$	
	Check #	_ Pay to the order of:		
	For what purpose: _		Amount \$	
	Check #	_ Pay to the order of:		
	For what purpose: _		Amount \$	
	Check #	_ Pay to the order of:		
	For what purpose: _		Amount \$	
Total	Expenses: \$			
4.	State the ending Checking Account balance:			
	Date:		Balance: \$	
	State the ending Savings Account balance (if applicable):			
	Date:		Balance: \$	

Monthly Treasurer's Report

MONTH: ____