

DISABLED AMERICAN VETERANS
Monthly Chapter Financial Report

CHAPTER _____ DATE _____
 (NAME AND NUMBER)

FOR PERIOD FROM _____ TO _____ 20__ MEETING OF _____

BEGINNING BALANCE (CASH ASSETS) \$ _____

INCOME (GROSS)

Dues (per capita from National Headquarters)	_____
Forget-Me-Not	_____
Bingo	_____
Thrift Store	_____
Lounge	_____
Interest	_____
*Other	_____
TOTAL	_____

DISBURSEMENTS

*Salaries	_____
*Conventions	_____
Postage/Office Supplies	_____
*Service/Charitable	_____
Forget-Me-Not	_____
*Bingo	_____
*Thrift Store	_____
*Lounge	_____
*Home	_____
*Other	_____
TOTAL	_____

ENDING BALANCE _____

CASH ASSETS (End of Month)

Checking Accounts	_____
Savings Accounts	_____
CD's	_____
Investments/Securities	_____
TOTAL CASH ASSETS	_____

*Requires separate accountability in detail.

 Signature of Treasurer