

ANNUAL FINANCIAL STATEMENT



School name _____

School year _____

TREASURER'S NAME _____

TREASURER'S PHONE _____

TREASURER'S EMAIL _____

Checking Account

Bank Name _____

Last 4 Digits of Account Number _____

Balance _____

Savings Account (if any)

Bank Name _____

Last 4 Digits of Account Number _____

Balance _____

BALANCE AT THE END OF PREVIOUS YEAR

MONTH	TOTAL INCOME	TOTAL EXPENSES	BALANCE
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total for the Year			
Inventory Total Value (if needed)			

Audit Committee has reviewed our books: (some times the books are checked by a third party)

Yes _____ No _____

FUND RAISERS (if you want to track them)

\$ EARNED

EXPENSES

1. _____
2. _____
3. _____
4. _____

Signature--H&S Treasurer

Signature--H&S President

Date