

COLLEGIATE CHAPTER TREASURER'S ANNUAL REPORT

Sigma Alpha Iota

Annual Report for the Year 20____ - 20____
Due May 15th
Send one copy to PO and one copy to NH

Chapter _____
 Province _____
 Chapter EIN Number _____

INCOME

1. Reconciled Opening Balance (from the Budget Form you submitted in the fall)	_____
2. Full-Year Dues (full-year continuing members and fall initiates)	_____
Number of Members _____ x Chapter Dues Amount \$ _____	_____
3. Half-Year Dues (December graduates and spring initiates)	_____
Number of Members _____ x 1/2 Chapter Dues Amount \$ _____	_____
4. Member-in-Training Fees	_____
Number of MITs _____ x Chapter MIT fee \$ _____	_____
5. Initiation Fees	_____
Number of Initiates _____ x Chapter Initiation fee \$ _____	_____
6. Extra Badge Fees (replacements, upgrades, patroness)	_____
7. Patroness Fees	_____
Number of Patronesses Initiated _____ x Patroness Initiation Fee \$ _____	_____
8. Miscellaneous / Supplies	_____
9. Fund Raising Income	_____
10. Other Income	_____

11. TOTAL INCOME (add lines 1 through 10) _____

EXPENSES

1. CHAPTER FEES/ASSESSMENTS DUE TO NATIONAL HEADQUARTERS	
Convention Fund (Have you paid?)	_____
Service Charge (Have you paid?)	_____
Liability Insurance Assessment (Have you paid?)	_____
Full -Year National Dues	_____
Number of members from line 2 above x National Dues Amount	_____
Half-Year National Dues	_____
Number of half-year members from line 3 above x 1/2 National Dues Amount	_____
Member-in-Training Fees	_____
Number of MITs from line 4 above x National MIT fee	_____
Initiation Fees	_____
Number of initiates from line 5 above x National Initiation fee	_____
Extra Badge Fees (total from line 6 above)	_____
Patroness Fees	_____
Number of Patronesses from line 7 above x National Patroness Initiation Fee	_____
Miscellaneous / Supplies (total from line 8 above)	_____

2. PHILANTHROPIC/CHARITABLE CONTRIBUTIONS

Sigma Alpha Iota Philanthropies, Inc. (Have you contributed?) _____

Other (list)

3. OPERATING EXPENSES _____

4. TOTAL EXPENSES (add all lines under expenses) _____

5. Year-End Balance (subtract TOTAL EXPENSES from TOTAL INCOME in line 11 above) _____

NOTE: Your year-end balance should match the balance in your checkbook as of the date of the report. If it does not, you have made an error and need to find/correct it.

Reconciled Closing Balance

To compute the reconciled closing balance, you will need to look at your most current bank account statement. If your checkbook balance, and thus your year-end balance, does not match the balance on this bank statement, you must reconcile the balances by completing the worksheet in the box below.

A. Balance from the Current Bank Statement	_____
B. Total Amount of Outstanding Checks, if any	_____
C. Balance (Subtracting Line B from Line A)	_____
D. Total Amount of Deposits not yet Recorded by the Bank	_____
E. Reconciled Closing Balance (Adding Lines C and D above)	_____

BALANCES - OTHER CHAPTER ACCOUNTS

List below any chapter accounts (e.g., savings accounts, CDs) beyond the operating account which your chapter maintains and uses to prepare its budget.

1. _____
Bank Name and Address Current Account Balance

2. _____
Bank Name and Address Current Account Balance

3. _____
Bank Name and Address Current Account Balance

If there have been expenditures on any of these accounts, please state below the account(s), the amount(s), and the purpose of the expenditures.

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

I have examined the bank statements and other records used by the chapter treasurer in preparing her report. My examination indicates this report is true and accurate.

Signature of Chapter Treasurer

Signature of Advisor

Name

Address

E-mail Address

Send one copy to PO and one copy to NH by May 15th. Include copies of bank statements.