

Support Organization Annual (or monthly) Financial Report

School Year (or Month) Ending Date: _____

Organization Name: _____

Position	Name	Phone Number
President		
Treasurer		

1. Objectives and activities completed by the organization:
 - a. _____
 - b. _____
 - c. _____
2. Funds in account in the beginning of the year (or month): \$ _____
3. INCOME: Money raised during the school year (or month) by activity/fundraiser:

Activity	Funds Generated
	\$
	\$
	\$
	\$
	\$
TOTAL REVENUE:	\$

4. EXPENDITURES: Activities, equipment, materials, services, etc. purchases:

Activity	Expenses
	\$
	\$
	\$
	\$
	\$
TOTAL EXPENDITURES:	\$

5. Funds in account at the end of the year (or month):

Preparer's Signature Date

**Distribution to director/designee at completion of fiscal year (or month).*