



**Abe Wolkofsky, Bronx Chapter #23**  
130 West Kingsbridge Road, Room 4B-47  
Bronx, New York 10468  
(718) 584-9000 Ext. 3653

**Bronx County Chapter #23**  
P.O. Box 561  
Bronx, New York 10468-0708

**TREASURER'S REPORT:**

Month of -

**TREASURER:**

**Report Date:**

<b>Monetary Contributions:</b>			
<b>DONATOR'S NAME</b>	<b>AMOUNT DONATED</b>	<b>DATE DONATED</b>	<b>COMMENTS</b>
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
<b>TOTAL</b>			<b>\$</b>

**Comments / Remarks:**

<b>EXPENSES FOR THE MONTH:</b>			
<b>NAME OF THE EXPENSE</b>	<b>AMOUNT SPENT</b>	<b>CHECK DATE</b>	<b>RECEIPTS RECEIVED</b>

**HOSPITAL FUND:**

**GENERAL FUND:**

**REPORT SUBMITTED BY:**

**FROM THE DAV MEMBERSHIP:**

**WHO ACCEPTED THE REPORT?**

**WHO 2<sup>ND</sup> THE MOTION:**

**MOVE TO ACCEPT THE REPORT AS STATED, WITH ANY CHANGES AS NEEDED:**

**TREASURER'S SIGNATURE:**

**DATE:**

**COMMANDER'S SIGNATURE:**

**DATE:**