

**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	_____
<b>TOTAL</b>	_____

**DISBURSEMENTS**

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

**ENDING BALANCE**

**CASH ASSETS (End of Month)**

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

\*Requires separate accountability in detail.

\_\_\_\_\_  
Signature of Treasurer