

Date: \_\_\_\_\_



**COPIES TO:**  
National President  
National Tax Advisor  
Province Governor  
Chapter File

### SIGMA BETA SORORITY, INC. CHAPTER TREASURER'S REPORT

This report shall be compiled quarterly. A copy shall be sent to the National President, National Tax Advisor and Province Governor. It is to be sent by **December 10<sup>th</sup>** (for September, October and November), **March 10<sup>th</sup>** (for December, January and February), **June 10<sup>th</sup>** (for March, April and May), and **September 10<sup>th</sup>** (for June, July and August).

Chapter Name: \_\_\_\_\_ Charter City: \_\_\_\_\_  
Province: \_\_\_\_\_

	<u>General Fund</u>	<u>Charity Fund</u>	<u>Convention Fund</u>	<u>Total</u>
Balance as of _____ (last report)	_____	_____	_____	_____
Receipts from _____ to _____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
Disbursements from _____ to _____	_____	_____	_____	_____
Balance as of _____	_____	_____	_____	*

(\* These two totals should be the same)

- |                                      |      |       |
|--------------------------------------|------|-------|
| 1. Reconciliation of bank statement: | 1.   |       |
| 2. Balance per bank statement:       | 2.   | _____ |
| 3. Deposits since bank statement:    | 3.   | _____ |
| 4. Less: Outstanding checks:         | 4.   | _____ |
| 5. Balance per checkbook:            | 5. * | _____ |
| 6. Cash on hand:                     | 6.   | _____ |
| 7. Savings account total:            | 7.   | _____ |
| <b><u>Grand Total:</u></b>           |      | _____ |

Audited: _____	Date: _____	
	By: _____	Chapter Treasurer
	_____	_____
	_____	Chapter President
	_____	_____