

# INTERMEDIATE BODY QUARTERLY FINANCIAL STATEMENT

## FIRST QUARTER

Ohio Civil Service Employees Association  
 390 Worthington Rd. Suite A  
 Westerville, OH 43082-8331

Intermediate Body Number \_\_\_\_\_  
 For the Quarter Ending \_\_\_\_\_  
 Dates of Meetings Exec Brd \_\_\_\_\_  
 Member \_\_\_\_\_  
 Exec Brd \_\_\_\_\_  
 Member \_\_\_\_\_

Chapter # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(614) 865-4731  
 (800) 969-4702 Ext 4731

(Include Copies of all Minutes)

Name of Intermediate Body: \_\_\_\_\_

**BALANCE AS OF THE 1ST DAY OF THE QUARTER** (1) \$ \_\_\_\_\_  
 (Line #5 of Last Quarter's Statement)

### INCOME

JANUARY TOTAL (See attached reports) \$ -  
 FEBRUARY TOTAL \$ -  
 MARCH TOTAL \$ -

TOTAL DEPOSITS (2) \$ \_\_\_\_\_

### EXPENSES

JANUARY TOTAL (See attached reports) \$ -  
 FEBRUARY TOTAL \$ -  
 MARCH TOTAL \$ -

TOTAL NON-CHARGEABLE \_\_\_\_\_ TOTAL EXPENSES (3) \$ \_\_\_\_\_

**BALANCE AS OF QUARTER'S END** (4) \$ \_\_\_\_\_  
 Line (1) Plus Line (2) Minus Line (3)

### ACCOUNT BALANCES

Include Copies of all Bank Statements

ACTUAL CHECKING ACCOUNT BALANCE \$ \_\_\_\_\_  
 ACTUAL SAVING ACCOUNT BALANCE \_\_\_\_\_  
 OTHER (SPECIFY) MM \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

OUTSTANDING CHECKS (5) \$ \_\_\_\_\_  
 Should equal difference bank balance and  
 Chap/Dist/Assy balance

Prepared by: \_\_\_\_\_

\_\_\_\_\_  
 (Treasurer's Signature)

\_\_\_\_\_  
 (President's Signature)

I certify that, to the best of my knowledge, all items in this statement are true and correct.

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Zip \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

### Bank Information

Checking Account # \_\_\_\_\_ Bank Name \_\_\_\_\_  
 Savings Account # \_\_\_\_\_ Address \_\_\_\_\_

### Outstanding Check List

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Payee \_\_\_\_\_

Chapter \_\_\_\_\_ Approved at \_\_\_\_\_ Meeting \_\_\_\_\_

Treasurer's Report for the Month of January, 201 <sup>Date</sup>

Beginning Balance \_\_\_\_\_ -

**Income:**

<u>Date</u>	<u>Bank Account</u>	<u>Source</u>	<u>Amount</u>
-------------	---------------------	---------------	---------------

Total \_\_\_\_\_ -

**Expenses:**

<u>Date</u>	<u>Check #</u>	<u>Issued To:</u>	<u>Purpose</u>	<u>Description/Event</u>	<u>Amount</u>	<u>C/N</u>	<u>Cleared</u>
-------------	----------------	-------------------	----------------	--------------------------	---------------	------------	----------------

\*\*\*\*\*

Total Expenses \_\_\_\_\_ -

Balance @ End of Month \_\_\_\_\_ -

Signature: \_\_\_\_\_ Treasurer - Date \_\_\_\_\_

\*\*\*\*All items must be marked either C for Chargeable or N for Non-Chargeable to Fair Share Fee Payors.



