

INTERMEDIATE BODY QUARTERLY FINANCIAL STATEMENT

FOURTH 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

OCTOBER TOTAL (See attached reports) \$ -
 NOVEMBER TOTAL \$ -
 DECEMBER TOTAL \$ -

TOTAL DEPOSITS (2) \$ _____

EXPENSES

OCTOBER TOTAL (See attached reports) \$ -
 NOVEMBER TOTAL \$ -
 DECEMBER 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 _____

Total 0

Chapter _____			Approved at _____			Meeting _____				
					Date					
<u>Treasurer's Report for the Month of October, 201</u>										
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 _____					
<p>****All items must be marked either C for Chargeable or N for Non-Chargeable to Fair Share Fee Payors.</p>										

Chapter _____ Approved at _____ Meeting _____

Treasurer's Report for the Month of December, 201^{Date}

Beginning Balance _____ -

Income:
Date Bank Account Source Amount

Expenses:
Total _____ -

Date Check # Issued To: Purpose Description/Event Amount ***** C/N Cleared

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.