

CHAPTER _____

YEAR _____

Quarter

(Check appropriate box)

Fourth Quarter

January
February
March

First Quarter

April
May
June

Second Quarter

July
August
September

Third Quarter

October
November
December

Please sign that the following has been attached to this sheet.

STATEMENT OF FINANCES

President

Treasurer

COMMENTS/EXPLANATION:

CALIFORNIA CORRECTIONAL PEACE OFFICER'S ASSOCIATION

STATEMENT OF FINANCES

_____ CHAPTER

DATED: _____

Date	Check Number	Item	Received	Paid Out	Balance on Hand
Totals			\$	\$	\$

Quarter Maximum per Annual Budget

RECEIPTS MUST BE ATTACHED FOR ALL REQUESTS FOR REIMBURSEMENT. Minutes of chapter meetings must be submitted with each request.

Respectfully submitted,

President/Treasurer

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Please sign that the following has been attached to this sheet.

MINUTES OF MEETINGS WITH APPROVAL FOR ALL EXPENDITURES

President

Treasurer

COMMENTS/EXPLANATION:

CHAPTER _____

YEAR _____

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(Check appropriate box)

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Please sign that the following has been attached to this sheet.

COPIES OF ALL BANK STATEMENTS

President

Treasurer

COMMENTS/EXPLANATION:

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(Check appropriate box)

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Please sign that the following has been attached to this sheet.

COPIES OF ALL CHECKS

- a. Must have two signatures.
- b. Please also attach copies of voided checks with void written over them.

President

Treasurer

COMMENTS/EXPLANATION: