

Second District Term Financial Inspection Report

Chapter _____

Inspection Date _____

THIS REPORT COVERS ALL TRANSACTIONS FROM THE LAST INSPECTION !!!

CHAPTER CHECKING ACCOUNT

CHAPTER SAVINGS ACCOUNT

Bank _____

Bank _____

Account Number _____

Account Number _____

Balance on _____

Balance on _____

Deposits Made _____

Deposits Made _____

Interest Earned _____

Interest Earned _____

Total (add 1+2+3) _____

Total (add 1+2+3) _____

Checks written _____

Amount withdrawn _____

Balance on _____

Balance on _____

CERTIFICATES OF DEPOSIT

MOMS/PARENTS CLUB ACCOUNT

Bank _____

Bank _____

Account Number _____

Account Number _____

Amount of Certificate _____

Balance on _____

Maturity Date _____

Deposits Made _____

Bank _____

Interest Earned _____

Account Number _____

Total (add 1+2+3) _____

Amount of Certificate _____

Checks written _____

Maturity Date _____

Balance on _____

EXPENDITURES OVER \$500.00

Advisors/DeMolays on Accounts

Date _____ Amount _____

Name _____ Title _____

Purpose _____

Date _____ Amount _____

Purpose _____

Date _____ Amount _____

Purpose _____

Date _____ Amount _____

Purpose _____

A Copy of the current account

statement for EACH account

MUST accompany this report !!

This form submitted by: Name _____ Title _____