

A A L N C
AMERICAN ASSOCIATION OF
LEGAL NURSE CONSULTANTS

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CHAPTER FINANCIAL REPORT FORM

JANUARY 1, ____ through DECEMBER 31, ____ (or current date)

CHAPTER NAME: _____

CHAPTER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHAPTER NUMBER: _____

CHAPTER BANK NAME: _____

CHAPTER BANK BRANCH/ADDRESS: _____

CHAPTER TREASURER: _____

PHONE: _____

TOTAL REVENUE: _____ **(D) See following pages**

TOTAL EXPENSES: _____ **(E) See following pages**

BALANCE: _____ **(J) See following pages**

Treasurer's Signature _____

Date _____

AMERICAN ASSOCIATION OF LEGAL NURSE CONSULTANTS

CHAPTER REVENUES

Chapter: _____

Year: **JANUARY 1, _____ through DECEMBER 31, _____**

Income from Membership Dues:

| | <u>Number</u> | <u>Dues Amount</u> | <u>Total Income</u> |
|----------------------|---------------|--------------------|---------------------|
| Active - New | _____ | _____ | _____ |
| Active - Renewal | _____ | _____ | _____ |
| Associate - New | _____ | _____ | _____ |
| Associate - Renewal | _____ | _____ | _____ |
| Sustaining - New | _____ | _____ | _____ |
| Sustaining - Renewal | _____ | _____ | _____ |
| TOTALS | _____ | _____ | (A) |

Other Income:

| | |
|-----------------------------------|-------|
| Educational Program Registrations | _____ |
| Sponsors/Donations | _____ |
| Miscellaneous | _____ |

OTHER INCOME TOTAL _____ (B)

Interest Income: _____ (C)

TOTAL REVENUE _____ (D)
$$(D) = (A) + (B) + (C)$$

AMERICAN ASSOCIATION OF LEGAL NURSE CONSULTANTS

EXPENSES

Chapter: _____

Year: **JANUARY 1, _____ through DECEMBER 31, _____**

SUMMARY TOTALS

| | |
|----------------------------|--|
| Accounting Services | _____ |
| Administrative | _____ |
| Advertising | _____ |
| Bank Charges | _____ |
| Chapter Charter Fee | _____ |
| Conference Calls | _____ |
| Duplicating | _____ |
| Facilities (Meeting Space) | _____ |
| Food and Beverage | _____ |
| Honoraria | _____ |
| Miscellaneous | _____ |
| Office Supplies | _____ |
| Postage | _____ |
| Printing | _____ |
| Secretarial | _____ |
| Special Events | _____ |
| Telephone | _____ |
| Travel | _____ |
| Unclassified | _____ |
| TOTAL EXPENSES | _____ (E) |
| Revenue over/under Expense | _____ (F) (F) = (D) - (E) |
| Cash at Beginning of Year | _____ (G) |
| Other: | |
| Assets Purchased | _____ (H) |
| Other Adjustments | _____ (I) |
| Cash at End of Year* | _____ (J) (J) = (F) + (G) - (H) +/- (I) |

*This balance should have a bank reconciliation or bank statement to support the ending cash position.