|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ice Age Trail Alliance** | | | | | | | | | | | | |
| **Chapter Monthly Financial Summary** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | Chapter: | | |  |  | | | | |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
|  |  | Month: | | |  |  | | | | |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
|  |  | Completed by: | | |  |  | | | | |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
|  |  |  | | |  |  | | Checking |  | Savings |  | CD / Other |
| Starting cash balance (beginning of month)\* | | | | |  | LINE A | |  |  |  |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
| Ending cash balance (end of month)\* | | | | |  | LINE B | |  |  |  |  |  |
|  |  |  | | | | | | | | |  |  |
|  |  | *\*These must match your accompanying bank statement(s)1* | | | | | | | | |  |  |
|  | | | | |  |  | |  |  |  |  |  |
| Cash taken in by category for the month | | | | |  |  | |  |  |  |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
|  | - Transfer of Funds | | | |  |  | |  |  |  |  |  |
|  | - Merchandise Sales | | | |  |  | |  |  |  |  |  |
|  | - Alliance Annual Membership Allocation | | | |  |  | |  |  |  |  |  |
|  | - Donations (***please detail on the accompanying page***)***2*** | | | |  |  | |  |  |  |  |  |
|  | - Event & Program Revenue | | | | | | |  |  |  |  |  |
|  | - Interest Income | | | |  |  | |  |  |  |  |  |
|  | - Miscellaneous Income (***please detail on the accompanying page)2*** | | | | | | |  |  |  |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
|  |  | Total Revenue | | |  | LINE C | |  |  |  |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
| Expenses by category for the month | | | | |  |  | |  |  |  |  |  |
|  |  | |  | Check number(s) associated with these expenses | | |  | Checking |  | Savings |  | CD / Other |
|  | - Transfer of Funds | |  |  | | |  |  |  |  |  |  |
|  | - Postage | |  |  | | |  |  |  |  |  |  |
|  | - Printing | |  |  | | |  |  |  |  |  |  |
|  | - Office Supplies | |  |  | | |  |  |  |  |  |  |
|  | - Travel Expense | |  |  | | |  |  |  |  |  |  |
|  | - Chapter Event Expense | |  |  | | |  |  |  |  |  |  |
|  | - Conferences & Training | |  |  | | |  |  |  |  |  |  |
|  | - Trail Supplies/Expenses | |  |  | | |  |  |  |  |  |  |
|  | - Equipment Purchase & Rental3 | |  |  | | |  |  |  |  |  |  |
|  | - Bank Charges | |  |  | | |  |  |  |  |  |  |
|  | - Dues & Subscriptions | |  |  | | |  |  |  |  |  |  |
|  | - Misc. Expenses (***please detail on the accompanying page***)***2*** | |  |  | | |  |  |  |  |  |  |
|  |  |  | | |  |  | |  |  |  |  |  |
|  |  | Total Expenses | | |  | LINE D | |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VERIFICATION | | | | | | | | | |
| *Please complete from information on previous page* | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Checking |  | Savings |  | Other |
|  | LINE A | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Add LINE C | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Subtract LINE D | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Equals LINE B | | |  |  |  |  |  |  |

*Important Notes:*

* 1 Please attach copies of your monthly statements from your financial institution.
* 2 For donations and miscellaneous income/expenses, please provide details on the attached spreadsheet or in the space below.
  + If you use the space below, please provide all the same types of info as listed in the header row of the spreadsheet.
  + Providing complete info helps us keep our records up to date and eliminates the need for follow up requests for more info.
* 3 Please attach copies of receipts for purchases over $1,000.00.

**Thank you for your assistance!**

**If you have any questions, please contact Jo Ellarson, IATA Administrative Assistant  
(joanne@iceagetrail.org, 800-227-0046 x 229).**

**DONATION INFO**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Amount | Company/Organization | First Name | Last Name | Address | City | State | Zip | Notes |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**MISCELLANEOUS INCOME INFO**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Amount | Source | Notes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MISCELLANEOUS EXPENSE INFO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Amount | Check # | Spent on… | Notes |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |