



PARTS
*Parents Acting for R/HSA Teachers
 and Students*

Treasurer's Report Form

For period from: _____ to _____

Report prepared for meeting on _____

CHECKING ACCOUNT

Balance at beginning of period: \$ _____

INCOME:

Date of Deposit	Event (or Income Source)	Category*			Amount
		D	FF	SF	

*D=Donations FF=Fall Fundraiser SF=Spring Fundraiser

TOTAL REVENUE DEPOSITED: \$ _____

EXPENSES:

Date	Check #	Purpose	Category**				Amount
			F	O	ST	SC	

**F=Fundraising Expense O=Operating Expense ST=Student Support SC=School Support

TOTAL EXPENSES: \$ _____

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Checking balance at end of period: \$ _____

Signature of Treasurer: _____ **Date:** _____