



Annual District Financial Report

Date _____

District Number _____

Financial Audit for 1/1/2023 to 12/31/2023

Beginning Cash Balance

(should be carried forward from previous year's audit)

\$ _____

Cash Receipts

District Refunds/Incentives: _____

Donations: _____

Interest Income: _____

Other Income *(Please list)* _____:

Itemize _____

Total Cash Receipts:
(sum of all monies) (starting balance and all income)

\$ _____

Cash Disbursements

1. Administration/Operations

Salaries/Renumerations

District Officer *(list position/amount)* _____:

District Officer *(list position/amount)* _____:

Other *(list position/amount)* _____:

District Expenses

Bank Fees: _____

Accounting - Audit: _____

Taxes: _____

Other Expenses *(office supplies, postage, etc.):*

Itemize _____

Total Administration:

\$ _____

2. Meeting/Activity Expenses

Food: _____

Meeting/Activity Space Rental: _____

Door Prizes: _____

Other Expenses _____:

Itemize _____

Total Meeting/Activity Expenses:

\$ _____

3. Donations/Advertising/Scholarships: *(Please list)*

Total Donations:

\$ _____

Total Cash Disbursements:
(Administration, Meeting, Donations)

\$ _____

Ending Cash Balance of the Operating Account:

\$ _____



District Number _____

Financial Audit for 1/1/2023 to 12/31/2023

Please list all other bank accounts and investments that the district may have.

Financial Institution

_____	Balance of the Account	\$ _____
_____	Balance of the Account	\$ _____
_____	Balance of the Account	\$ _____
_____	Balance of the Account	\$ _____
_____	Balance of the Account	\$ _____
_____	Balance of the Account	\$ _____
_____	Balance of the Account	\$ _____
	Total Balance of all District Assets:	\$ _____

Please list members of the Audit Committee (must be signed by at least 3 members) or Accountant: District President, Secretary, or Treasurer cannot be an Audit Committee member.

_____	Signature
_____	Signature
_____	Signature
Accountant/CPA signature if completed by an Accountant/CPA	Signature

ATTESTATION

We, the below signed Officers of District _____, do hereby attest to the best of our knowledge and in the faithful performance of our duties, that the preceding or attached documentation is a true and accurate accounting of the financial activities and status of District funds for the time period indicated.

District President Signature

District Secretary /Treasurer Signature

Date

Date

This audit should be signed and dated as of the date the audit is completed.

Must be returned no later than 30 days after your annual district meeting.

Date sent to SPJST Home Office