

CSASC SUBCOMMITTEE FINANCIAL REPORT

To be submitted to TREASURER at monthly Area Service Meeting

SUBCOMMITTEE NAME: _____

REPRESENTATIVE NAME: _____

REPORTING MONTH: _____

RENT PAID TO: _____ (if applicable)

BEGINNING BALANCE: _____

INCOME:

INCOME DESCRIPTION: _____ AMOUNT: _____

INCOME DESCRIPTION: _____ AMOUNT: _____

INCOME DESCRIPTION: _____ AMOUNT: _____

INCOME DESCRIPTION: _____ AMOUNT: _____

INCOME DESCRIPTION: _____ AMOUNT: _____

TOTAL INCOME: _____

EXPENSES:

EXPENSE DESCRIPTION: _____ AMOUNT: _____

EXPENSE DESCRIPTION: _____ AMOUNT: _____

EXPENSE DESCRIPTION: _____ AMOUNT: _____

EXPENSE DESCRIPTION: _____ AMOUNT: _____

EXPENSE DESCRIPTION: _____ AMOUNT: _____

TOTAL EXPENSE(S): _____

BEGINNING BALANCE: _____

+ TOTAL INCOME: _____

- TOTAL EXPENSE(S): _____

= ENDING BALANCE: _____