



Chapter Financial Report Form

_____ State Chapter, IAFP

A. CASH BALANCE at BEGINNING of fiscal year (Sept. 1, 20____) \$ _____
 (This BEGINNING balance must be the END balance on last year's report.)

B. INCOME:

Dues	\$ _____
Meetings	_____
Seminars	_____
Interest on savings	_____
Other (list major items):	_____
_____	_____
_____	_____
_____	_____
Other miscellaneous _____	_____

C. TOTAL INCOME (total of B)* \$ _____

D. EXPENSES:

Meetings	\$ _____
Seminars	_____
Scholarship award	_____
Other awards, prizes, or gifts	_____
Other (list major items):	_____
_____	_____
_____	_____
_____	_____
Other miscellaneous _____	_____

E. TOTAL EXPENSES (total of D) \$ _____

F. SURPLUS or (deficit) (Total income less total expenses; C - E) \$ _____

G. CASH BALANCE at END of fiscal year (August 31, 20____) (A + F) \$ _____

* U.S. chapters--If total income exceeds \$25,000, IRS form 990EZ must be completed and sent to the IAFP office before Sept.15 1. DO NOT send this form directly to the IRS.

IRS (Internal Revenue Service) Chapter Identification Number: _____

Bank Accounts:

Checking:	_____	_____	_____
	Name of bank	City	Account Number
Savings:	_____	_____	_____
	Name of bank	City	Account Number
	_____	_____	_____
	Name of bank	City	Account Number

Names and addresses of new Chapter officers for 20____ - 20 ____

President Name _____
Address _____
City State Zip _____

First vice-president Name _____
Address _____
City State Zip _____

Second vice-president Name _____
Address _____
City State Zip _____

Secretary Name _____
Address _____
City State Zip _____

Treasurer Name _____
Address _____
City State Zip _____

Chapter financial records for 20____ - 20____ have been audited: _____ Yes _____ No

Chapter Treasurer _____ Date _____ Phone number _____

Mail the completed form to:
International Association of Flight Paramedics
4835 Riveredge Cove
Snellville, GA 30039

Email: m.newman@flightparamedic.org
IAFP Web site: www.flightparamedic.org