



QUARTERLY FINANCIAL REPORT

_____ - DISTRICT

Chapter Name: _____ Chapter Number: _____

Location: _____

Number of members reported on last quarter report (A) _____

Number of members gained during this period by
 Initiation or Obligation, Reinstatement or Demit (SHOWN ON BACK) (B) _____

Number of members lost during this period by
 Death, Demit or Dropped (SHOWN ON BACK) (C) _____

Number of members in good standing this report (A + B - C = D) (D) _____

Grand Tax \$3.00 being paid for _____ Members \$ _____

Ways and Means \$1.00 being paid for _____ Members \$ _____

Mary E. Howe Fund \$.50¢ being paid for _____ Members \$ _____

Relief Fund \$1.50 being paid for _____ Members \$ _____

Stokes, Finley, Mahan Home \$6.00 being paid for _____ Members \$ _____

Temple Tax \$1.50 being paid for **(SISTERS ONLY)** _____ Members \$ _____

District Fee \$1.50 being paid for **(SISTERS ONLY)** _____ Members \$ _____

TOTAL PAYMENT: \$ _____

THESE REPORTS ARE DUE AS LISTED BELOW:

- | | |
|---|-----------------------------------|
| _____ 1 st Quarter – Due October 1 | (for July, August, September) |
| _____ 2 nd Quarter – Due January 1 | (for October, November, December) |
| _____ 3 rd Quarter – Due April 1 | (for January, February, March) |
| _____ 4 th Quarter – Due June 10 | (for April, May, June) |

(GRAND SECRETARY OFFICE USE ONLY)

Date Received _____	Total Sisters _____
Check # _____	Total Brothers _____
Amount of check _____	Total Membership _____
GS's Receipt Number _____	Date of GS's Receipt _____
Date sent to GT _____	GT Receipt # _____

NOTE: This report must be signed **and** dated by the Matron and Secretary with the Seal of the Chapter.

 Signature of Worthy Matron **and** Date

 Signature of Secretary **and** Date

(CHAPTER SEAL)

List on this page the names of members gained and/or lost during this reporting period. Indicate by a check (✓) mark in the appropriate column and list the correct date. **DATES MUST BE LISTED.**

Members are automatically dropped from the roll, for failure of paying Grand Tax and Relief Fund and must be listed as dropped.

NAME	GAINED BY				LOST BY			DATE
	INITIATION OR OBLIGATED	RE-INSTATEMENT	DEMIT IN		DROPPED	DEATH	DEMIT OUT	

 Signature of Worthy Matron and Date

 Signature of Secretary and Date

c: File