

FINANCIAL REVIEW FORM – MARK UP



Financial Review

either for the period April 1, 20 ____ to September 30, 20 ____

Choose the correct audit period

or for the period October 1, 20 ____ to March 31, 20 ____

Total number must match National Roster

Total membership on your records as of September 30 or March 31 was _____

COURT NAME _____ Court # _____ City _____ State _____

1. Total amount paid out by check for **Religious, Charitable, and Educational purposes** Total \$ _____
 Include amounts paid to National Office and State Court for these purposes.

National Dues & Insurance paid that period

2. Paid to National Court:

- National Dues, Assessments and Insurance \$ _____
- Supplies, Jewelry and Gift Items \$ _____
- Paraphernalia (robes, banner, flags) \$ _____
- Other (specify) \$ _____

Anything from Nat. pins, jewelry, buttons, bylaws

Religious: any gifts to clergy or seminary fund.
 Charitable: any donations to church, schools, 501c3 organizations.
 Educational: any expense for retreats, workshops, conv., scholarships, etc.

Any money to Nat. not included in the previous lines

Total \$ _____

3. Paid to State Court:

- State Dues and Assessments \$ _____
- Special State Court Projects \$ _____

State Dues paid that period

Total \$ _____

FUND BALANCES

	LAST REPORT	CURRENT REPORT
CHECKING ACCOUNT	\$ _____	\$ _____
SAVINGS ACCOUNT	\$ _____	\$ _____
MASS FUND	\$ _____	\$ _____
MONEY MARKET ACCOUNTS	\$ _____	\$ _____
CD'S	\$ _____	\$ _____
TREASURY ACCOUNTS	\$ _____	\$ _____
OTHER FUNDS (SPECIFY)	_____	\$ _____
	_____	\$ _____

If large amount consider moving some to another charity

Special Fund or Restricted Donations

TOTAL CURRENT FUNDS OF COURT \$ _____

We, the undersigned Financial Review Committee of the Court hereby certify that we have reviewed the Court books, examined and checked the bank accounts and that the foregoing report is a true and correct statement of the funds of this Court.

Signature of District Deputy/State Representative if present: _____

Signatures of Financial Review Committee

1. _____
2. _____
3. _____

* District Deputy/State Representative must be present for at least one (1) Financial Review per year.

RETAIN a copy for Court files

Sign & date in blue or black, NOT RED

4. Date Financial Review was Completed: _____

Send **Original Form** to National Office:
Catholic Daughters Of The Americas
 10 West 71st Street, New York, NY 10023

Send a copy to:
Your State Regent, your State Secretary,
 your District Deputy or your State Representative

Report should be returned to appropriate designations by November 1 or May 1 of the current year.