

**Florida Health Care
Activity Coordinators Association**

TREASURER'S REPORT



DISTRICT _____ MONTH _____

INCOME _____

DISBURSEMENTS	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

BALANCE LAST MONTH _____
INCOME _____

TOTAL EXPENSES _____
CURRENT BALANCE _____
BANK BALANCE _____

DATE _____

DISTRICT TREASURER

Please attach Bank Statement with this report

MAIL ONE COPY TO STATE TREASURER: