



# MILITARY ORDER OF THE PURPLE HEART AUXILIARY

## FINANCE REPORT

Department or Unit Name & Number (as shown with Financial Institution):

\_\_\_\_\_

Location (City & State) \_\_\_\_\_

Federal Tax ID Number REQUIRED \_\_\_\_\_ - \_\_\_\_\_

Date of Reporting Period \_\_\_\_\_ to \_\_\_\_\_

Banks/Institutions with which you have funds \_\_\_\_\_

\_\_\_\_\_

FOR DIRECT DEPOSIT: Routing # \_\_\_\_\_ Acct. # \_\_\_\_\_

Would prefer NO direct deposit

Total of Department OR Unit's Accounts:	GENERAL	WELFARE	OTHER
Balance at beginning of reporting year (checkbook balance)	\$	\$	\$
Income during reporting period (total INCOME from page 2)	\$	\$	\$
Total Lines 1 and 2	\$	\$	\$
Expenditures during reporting period (total EXPENDITURES from page 2)	\$	\$	\$
Balance at end of reporting period	\$	\$	\$
Balance of cash reserves at end of reporting period (CDs, money market, etc.)	\$	\$	\$

\_\_\_\_\_  
Treasurer's name

\_\_\_\_\_  
Treasurer's signature

\_\_\_\_\_  
Date

### INSTRUCTIONS:

- **ATTACH CONFIRMATION OF 990 FILING**
- **UNITS:** Send one copy to MOPHA National Treasurer, your Department Treasurer and one for your files. Departments: Send to LAMOPH National Treasurer and keep a copy for your files.
- This form, with 990 filing confirmation, **MUST BE SUBMITTED** to the National Treasurer by **October 1** to remain in good standing to receive your Life Member Rebate.

**INCOME:**

SOURCE OF INCOME	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL INCOME (this amount is placed on page 1)</b>	\$

**EXPENDITURES:**

DISBURSEMENT	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL EXPENDITURES (this amount is placed on page 1)</b>	\$

The total Income and total Expenditures should match the total of the "General" "Welfare" and "Other" income and expenditure lines on the first page of this report