



Disabled American Veterans Department of Louisiana

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ANNUAL FINANCIAL REPORT

CHAPTER, UNIT _____ STATE DEPARTMENT OF _____
(CIRCLE ONE) NAME & NUMBER

LOCATED AT _____ ACCOUNTING PERIOD FROM _____ TO _____
CITY STATE

BEGINNING BALANCE (LINE 26 OF PREVIOUS YEAR'S REPORT) \$ _____

INCOME:

- 1. FORGET-ME-NOT DONATIONS \$ _____
- 2. INTEREST _____
- 3. FUND RAISERS--NET (ATTACH SCHEDULE) _____
- 4. OTHER INCOME _____
- 5. TOTAL INCOME (LINES 1 THRU 4) \$ _____
- 6. 15% OF LINES 5, PAY THIS AMOUNT DEPT. HDQ
- 7. DUES PER CAPITA FROM NATIONAL HDQ \$ _____
- 8. VAN DONATIONS _____
- 9. TOTAL INCOME (LINES 5,7, AND 8) \$ _____

DISBURSEMENTS:

- 10. SALARIES/ALLOWANCES (ATTACH LIST SHOWING NAMES AND AMOUNTS) \$ _____
- 11. CONVENTION/CONFERENCES/SEMINARS (ATTACH LIST SHOWING NAMES AND AMOUNTS) _____
- 12. POSTAGE & OFFICE SUPPLIES _____
- 13. VAVS PROGRAM (LIST MEDICAL CENTER AND AMOUNT) _____
- 14. SERVICE, RELIEF & COMMUNITY ACTIVITIES _____
- 15. DONATIONS TO NATIONAL SERVICE FOUNDATION _____
- 16. DONATIONS TO CHARITABLE SERVICE TRUST _____
- 17. STATE MANDATE 15% (PREVIOUS YEAR'S STATE MANDATE) _____
- 18. FORGET-ME-NOT EXPENSES _____
- 19. OTHER (ATTACH SCHEDULE) _____
- 20. TOTAL DISBURSEMENTS (LINE 10 THRU 19) \$ _____
- 21. **BALANCE** (BEGINNING BALANCE PLUS LINE 9 MINUS LINE 20) \$ _____
- ASSETS:** (AS OF END OF THE ACCOUNTING PERIOD)
- 22. CHECKING ACCOUNTS \$ _____
- 23. SAVING ACCOUNTS _____
- 24. CD'S (FACE VALUE AT MATURITY) _____
- 25. REAL ESTATE (PURCHASE VALUE) _____ (MARKET VALUE) _____
- 26. OTHER (ATTACH SCHEDULE) _____
- 27. TOTAL ASSETS (LINES 22 THRU 26) (SHOULD EQUAL THE AMOUNT SHOWN ON BALANCE LINE 21) \$ _____

NAME OF BANK AND LOCATION _____

NAMES OF ALL AUTHORIZED SIGNATURES _____

SIGNED BY AUDIT COMMITTEE: (THREE MEMBERS)
(MUST NOT INCLUDE, COMM., SR. VICE, TREAS., ADJ., OR FINANCE CHMN.)

SUBMITTED BY:

_____	_____
MEMBER	
_____	_____
MEMBER	TITLE
_____	_____
MEMBER	DATE
_____	_____
DATE	

CHAPTERS WITH INCOME OF \$10,000.00 OR LESS MUST FILE THIS REPORT. THIS FORM IS REQUIRED TO BE FILED ANNUALLY BY SEPTEMBER 30 FOLLOWING THE REPORTING PERIOD. MAIL TO DAV, DEPARTMENT OF LOUISIANA, P.O. BOX 1271, BATON ROUGE, LA 70821