

Aerie/Auxiliary: _____
 Secretary: _____
 Address: _____
 City: _____ State/Province: _____
 Zip/Postal code: _____

Date: _____

TREASURER'S ANNUAL REPORT

Name of Bank: _____

City: _____ State/Province: _____

PART I

FUNDS	BENEFIT	GENERAL	SOCIAL	BM	
(MUST MATCH LINE 5)					

 We verify the figures on Line 9 agree with the bank statements.

 Signature & Title of Bank Official

IN PLACE OF BANK VERIFICATION WE CAN ACCEPT A PHOTOCOPY OF YOUR BANK STATEMENTS

PART II
 INVENTORY OF INVESTMENTS

DO NOT LIST CHECKING ACCOUNTS, REAL ESTATE AND/OR BUILDINGS

Describe Items Fully and Give Name of Maker (Use as many lines as necessary)	Date Purchased	Date of Maturity	SERIAL NUMBER	Rate of Interest	STATE VALUE OF SAME (All Government Bonds to be listed at cost)			
					Benefit	General	Social	B.M.

Treasurer's Signature: _____

Retain Original and print additional copy for your records.

Secretary's Signature: _____