



# 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 (MOPHAtreas2021@gmail.com), your Department Treasurer, and keep 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 1st in order to remain in good standing and to receive your Life Member Rebate (if applicable).

**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