



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 <i>(checkbook balance)</i>	\$	\$	\$
Income during reporting period <i>(total INCOME from page 2)</i>	\$	\$	\$
Total Lines 1 and 2	\$	\$	\$
Expenditures during reporting period <i>(total EXPENDITURES from page 2)</i>	\$	\$	\$
Balance at end of reporting period	\$	\$	\$
Balance of cash reserves at end of reporting period <i>(CDs, money market, etc.)</i>	\$	\$	\$

Treasurer's name

Treasurer's signature

Date

INSTRUCTIONS:

- ATTACH CONFIRMATION OF **APPROVED** 990 FILLING

UNITS: Send one copy to MOPHA National Treasurer (MOPHAtreas2021@gmail.com), your Department Treasurer, and keep one for your files.

DEPARTMENTS: Send to 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).

