

# Non Commissioned Officers Association of the United States of America

## QUARTERLY TREASURER'S REPORT

### Section 1

Instructions: Prepare in accordance with Chapter 5, NCOA Headquarters AFCAP Directive.

**Print in ink or use typewriter.** Prepare in duplicate; retain one copy. Send the original to NCOA Chapter Services, NCOA, P.O. Box 33790, San Antonio, TX 78265-3790. Mail report so as to reach NCOA Headquarters no later than the 20th day of the month following the end of the calendar quarter. Chapter accounting to NCOA Headquarters exempts local chapter from any other tax reporting for purposes of the U.S. Internal Revenue Service.

No reimbursements will be advanced to Chapter unless correct Treasurer's Reports have been received by NCOA. Up-to-date Chapter By-Laws signed by all Trustees, Treasurer and Secretary must be on file at NCOA Headquarters. Chapter refund will not be paid until all above instructions have been complied with. Chapters will not be paid for any members recruited for any quarters the Chapter has been in an inactive status.

Important: All funds from all sources must be reported on this Treasurer's Report.

### Section II

Report # \_\_\_\_\_ Quarter ending \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ Chapter

Chapter Mailing Address \_\_\_\_\_

1. Name of bank \_\_\_\_\_ Account # \_\_\_\_\_

Bank Mailing Address \_\_\_\_\_

2. Name of bank \_\_\_\_\_ Account # \_\_\_\_\_

Bank Mailing Address \_\_\_\_\_

NCOA Form TR-1  
 Revised 10/21/03

### Section III

Balance Brought Forward	\$ _____
Total <b>Gross</b> Income This Quarter	\$ _____
<b>TOTAL</b>	\$ _____
Less Total <b>Gross</b> Expenditures This Quarter	\$ _____
Balance Carried Forward, Close This Quarter	\$ _____
Petty Cash Held by _____	\$ _____
Cash in Bank 1	\$ _____
Cash in Bank 2	\$ _____
<b>TOTAL</b>	\$ _____

(Note: Total cash on hand must equal Balance Carried Forward, Close This Quarter)

**Section IV – Gross Expenditures**

Show name of payee	Check #	Supplies	Printing	Postage P.O. Box Fee	Charitable Donations	Fund Raiser Expenses	Meeting Expenses	Official Travel	Misc.*	TOTAL
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

\*Misc. Expenses must be explained on a separate sheet & attached to this report.

**Total Gross Expenditures \$** \_\_\_\_\_

**Section V – Gross Income**

Source	Chapter Dev. Refund	Fund Raiser Proceeds	Miscellaneous (Type & Amount)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

\*Misc. Income must be explained on this report

**Total Gross Income \$** \_\_\_\_\_

**Section VI - Escrow (not an official requirement)**

Amount held in escrow for official NCOA-sponsored  
Symposiums & Conventions

\$ \_\_\_\_\_

Amount held in escrow for NCOA Benevolent Programs

\$ \_\_\_\_\_

Funds held for Auxiliary

\$ \_\_\_\_\_

Funds held in escrow for special projects (specify)

\$ \_\_\_\_\_

**Section VII We certify that this Report is true, correct and completely reports all Chapter financial transactions for the quarter shown.**

Date \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Chapter Chairman or Vice Chairman

\_\_\_\_\_  
Chapter Treasurer