

INTERMEDIATE BODY QUARTERLY FINANCIAL STATEMENT

Ohio Civil Service Employees Association
 390 Worthington Rd. Suite A
 Westerville, OH 43082-8331

(614) 865-4731
 (800) 969-4702 Ext 4731

QUARTER ____

Intermediate Body Number
 For the Quarter Ending
 Dates of Meetings

Exec Brd
 Member
 Exec Brd
 Member
 (Include Copies of all Minutes)

Name of Intermediate Body: _____

BALANCE AS OF THE 1ST DAY OF THE QUARTER (1) \$ _____
 (Line (4) of Last Quarter's Statement)

INCOME

MONTH 1 TOTAL
 MONTH 2 TOTAL \$ _____
 MONTH 3 TOTAL _____

TOTAL DEPOSITS (2) _____

EXPENSES

MONTH 1 TOTAL
 MONTH 2 TOTAL \$ _____
 MONTH 3 TOTAL _____

TOTAL EXPENSES (3) _____

TOTAL NON-CHARGEABLE EXPENSES _____

BALANCE AS OF QUARTER'S END (4) _____
 Line (1) Plus Line (2) Minus Line (3)

ACCOUNT BALANCES

Include Copies of all Bank Statements

ACTUAL CHECKING ACCOUNT BALANCE \$ _____
 ACTUAL SAVING ACCOUNT BALANCE \$ _____
 OTHER (SPECIFY) MM \$ _____

TOTAL BANK ACCOUNT BALANCE (5) \$ _____

OUTSTANDING CHECK LIST

Check # _____	Amount _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

TOTAL OUTSTANDING CHECKS (6) \$ _____

ACCOUNT BALANCE AS OF QUARTER'S END (7) \$ _____
 Line (5) Minus Line (6)

***** LINE (4) MUST EQUAL LINE (7)*****

Prepared by:

 (Treasurer's Signature)

 (President's Signature)

I certify that, to the best of my knowledge, all items in this statement are true and correct.

Name _____
 Address _____
 Zip _____
 Phone: Home _____ Work: _____

Name _____
 Address _____
 Zip _____
 Phone: Home _____ Work: _____

Bank Information

Checking Account # _____
 Savings Account # _____

Bank Name _____
 Address _____