

**SOUTHEAST IOWA SYMPHONY ORCHESTRA**

Tax identification number: 42-6077749

Office – 601 N. Main, Mt. Pleasant, IA 52241

**CHAPTER TREASURER’S REPORT**

Note: PLEASE complete prior to monthly chapter meeting. Send 1 copy to the manager by the 10<sup>th</sup> of the following month.

CHAPTER: \_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_

Time period covered in this report: \_\_\_\_\_ to \_\_\_\_\_

**Investment and/or other Accounts (Specify: CD, Memorial, Savings, etc.)**

Account No.	Institution	Type	Amount
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total			\$ _____

**RECEIPTS**

**Performance**

- 301 Season Tickets \$ \_\_\_\_\_
- 302 Door Receipts \_\_\_\_\_
- 303 POPS Concert \_\_\_\_\_
- 305 KIDSYPHONY \_\_\_\_\_
- 306 Program Ads \_\_\_\_\_
- 309 Christmas Concert \_\_\_\_\_

**Other**

- 311 Restricted Grants \_\_\_\_\_  
(Specify donor & restrictions)
- 312 Unrestricted Grants \_\_\_\_\_  
(Specify donor)
- 314 Misc. Other Income \_\_\_\_\_

**Fundraising**

- 321 Individual Donations \_\_\_\_\_  
(Specify donors)
- 322 Corporate Donations \_\_\_\_\_  
(Specify donors)
- 326 Other Sources (Specify) \_\_\_\_\_

**TOTAL RECEIPTS** \$ \_\_\_\_\_

**DISBURSEMENTS**

**Concert Production**

517 Guest Artist Expense \$ \_\_\_\_\_

559 Auditorium Rental \_\_\_\_\_

561 Musical Instruments \_\_\_\_\_

571 Media Advertising \_\_\_\_\_

573 Other Concert Expenses \_\_\_\_\_

(Specify) \_\_\_\_\_

575 POPS \_\_\_\_\_

577 KIDSYPHONY \_\_\_\_\_

**Education**

605 Residencies \_\_\_\_\_

611 Other Education Expenses \_\_\_\_\_

**Fundraising**

701 Printing \_\_\_\_\_

703 Postage \_\_\_\_\_

709 Misc. Fundraising Expenses \_\_\_\_\_

(Specify) \_\_\_\_\_

**Administration**

701 Postage \_\_\_\_\_

903 Misc. Other Expenses \_\_\_\_\_

(Specify) \_\_\_\_\_

**TOTAL DISBURSEMENTS** \$ \_\_\_\_\_

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**SUMMARY OF OPERATING (CHECKING) ACCOUNT**

Balance on Hand

Beginning Date:

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

Total Receipts:

+ \_\_\_\_\_

Total Disbursements:

- \_\_\_\_\_

Sent to Governing Board:

- \_\_\_\_\_

Balance on Hand

Ending Date:

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

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(signed) TREASURER