



**FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS
CHAPTER AUDIT REPORT**

CHAPTER: _____
QUARTER, YEAR: _____

Membership:

1. Total Membership, Start of Quarter	
2. New Members during Quarter	
3. Transfers from other Chapters during Quarter	
4. Total Additional Members for Quarter (items 2 + 3)	
5. Members withdrawn during Quarter	
6. Total Membership, End of Quarter (items 1 + 4 - 5)	

Financial Report:

Assets:

Cash On Hand	
Savings Account	
Checking Account	
Undeposited Funds	
Other	
Total Assets	

Liabilities:

Dues Owed to FSCPM	
Outstanding Payables	
Other	
Total Liabilities	

Dates of Chapter Meetings: _____

Dates of Chapter Board Meetings: _____

Chapter Events and Dates: _____

Submitted By: _____

Date: _____