

## AHS Chapter Region Fiscal Report

*Cumulative Statement of Revenues and Expenses for Fiscal Year Ending December 31*

<b>Surplus at Dec. 31, _____ (Bank Balance)</b>	\$	_____
<b>Other Revenues (List Broad Categories)</b>		
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
<b>TOTAL REVENUES</b>	\$	_____
<b>Expenses (List Broad Categories)</b>		
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
<b>Total Expenses</b>	\$	_____
<b>NET AS OF December 31, _____ (Bank Balance)</b>	\$	_____

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Chapter/Region Name	Date
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President's Signature (Regional VP if Region)	Date
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Treasurer's Signature (Not applicable for Region)	Date
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Please return one copy to AHS Headquarters 217 North Washington Street, Alexandria, Virginia 22314-2538. Tel: 703-684-6777, Fax: 703-739-9279. Return one copy to your Regional Vice President and keep one copy for your chapter records.

**PLEASE RETURN THIS FORM BY MARCH 1!**