

**WISCONSIN WOODLAND OWNERS ASSOCIATION**

CHAPTER NAME: **XXXXXXXXXX** CHAPTER WWOA

SUBMITTED BY (SIGNATURE): \_\_\_\_\_  
 FINANCIAL REPORT FROM JULY 1, 20XX THRU JUNE 30, 20XX

**Cash on Hand (Bank & CD Account balance)**      \$ **XXXX.XX**      ① as reported to WWOA office for 6/30/XX

**INCOME** Additional comments and/or details

Annual Meeting (meeting registration fee)	\$	
Dues (chapter dues)	\$	
Field Days (registration fee)	\$	
Conferences (or workshop registration fee)	\$	
Gifts/Donations/Silent Auctions (identify category, cash donations –IN KIND LIST AT BOTTOM OF FORM – DOES NOT INCLUDE RAFFLES)	\$	
Bank Account Interest	\$	
Other Income (Please Specify)* (RAFFLES, CDs, Scholarship funds)	\$	
<b>Total Income</b>	<b>\$</b>	<b>②</b>

**EXPENSES**

Annual Meeting (room rental, food, nonalcoholic beverages, speaker fee)	\$	
Other ann. mtg. expense (please specify)	\$	
Conferences (or workshop expenses)	\$	
Donations/Gift Memberships (specify – did you purchase door prizes or silent auction items with donations?)	\$	
Speaker Fees	\$	
Newsletter printing & postage	\$	
Field Days (coffee/donuts, portapotties, lunch, supplies)	\$	
Exhibit Fees (did you take the chapter exhibit board to an event?)	\$	
Website (internet fees, updating)	\$	
Bank Service Charges (acc't fees, checks)	\$	
Other expenses (please specify)* (RAFFLE, Scholarship funds)	\$	
<b>Total Expenses</b>	<b>\$</b>	<b>③</b>

**Cash on Hand (Bank Account balance)**      \$ \_\_\_\_\_      [MUST EQUAL (①+②) - ③]  
**In Kind Donations**      \$ \_\_\_\_\_

\*Please Note: All “other” income and expenses MUST be specified for tax purposes.  
 Please return this form to the WWOA office, PO Box 285, Stevens Point, WI 54481, no later than July XX, 20XX so we can meet our tax deadlines. Thank you.  
Highlighted items will be completed by the WWOA office before sending to chapters.