## FINANCIAL STATEMENT (Sample)

|                                   | From                          | to,              | 201         |                   |
|-----------------------------------|-------------------------------|------------------|-------------|-------------------|
|                                   |                               | (Period Covered) |             |                   |
| Name of Organization/Association: |                               |                  | Contact No/ | S                 |
|                                   | ess:                          |                  |             |                   |
| Cash in Ban                       | l.                            |                  |             |                   |
| Cash on Ha                        |                               |                  |             |                   |
|                                   | in bank and on hand           |                  |             |                   |
|                                   |                               |                  |             |                   |
| D. C.II                           |                               |                  |             |                   |
| Plus: Colle                       | ection                        |                  |             |                   |
|                                   | ·                             |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   | <del></del> -                 |                  |             |                   |
|                                   | _                             |                  |             |                   |
|                                   | Others (Pls. Specify)         |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
| Less: Expe                        | enses                         |                  |             |                   |
|                                   | Salaries                      |                  |             |                   |
|                                   | Representation                |                  |             |                   |
|                                   | Snacks                        |                  |             |                   |
|                                   | Electricity/Water Bills       |                  |             |                   |
|                                   | Rentals                       |                  |             |                   |
|                                   | Others (Pls. Specify)         |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               |                  |             |                   |
|                                   |                               | NET TOTAL        |             |                   |
|                                   |                               | NET TOTAL        |             |                   |
|                                   |                               | Prepared by:     |             |                   |
|                                   |                               | r eparea by:     |             | easurer           |
|                                   |                               |                  |             | ver printed name) |
|                                   |                               | Date:            |             |                   |
|                                   |                               |                  |             |                   |
| Audited by:                       |                               |                  |             |                   |
|                                   | Auditor                       |                  |             |                   |
|                                   | (Signature over printed name) |                  |             |                   |
| _                                 |                               |                  |             |                   |
| Date:                             |                               |                  |             |                   |