**CHAPTER QUARTERLY REPORT FORM –**

**MARYLAND CLASSIFIED EMPLOYEES ASSOCIATION**

SECTION I: PURPOSE OF REPORT 7.25.2013 (revised)

Article XI, Section 6, of the Association Bylaws, requires each chapter to hold at least one meeting each calendar quarter (four meetings each year). Article XIII, Section 3 requires each chapter, in order to receive its quarterly rebate of dues payments, to file with the Association a report which provides information about the chapter meeting, a summarized financial report, and copy of the minutes. This report is due at MCEA Headquarters not later than the 20th of the month following the close of the calendar quarter.

Section II: Meeting Report

Chapter Number:

Area:

Work Number:

Home Number:

Cell Number:

Work Number:

Home Number:

Cell Number:

Work Number:

Home Number:

Cell Number:

Work Number:

Home Number:

Cell Number:

Chapter Name:

Chapter President’s – Name and Address:

Chapter Vice President’s – Name and Address:

Chapter Secretary’s– Name and Address:

Chapter Treasurer’s – Name and Address:

Meeting Date: Number of Members Present:

***Use this section for Minutes (if more space is needed, attach and additional sheet)***

Section III: Financial Report

Report for period through

(prior report date) (present report date)

1. Financial balance on last report..........................................................$ A
2. Income since last report

Date Source Amount

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total income $\_\_\_\_\_\_\_\_\_\_\_\_\_B.

(A+B) $\_\_\_\_\_\_\_\_\_\_\_\_\_C.

1. Total funds available since last report
2. Expenses since last report

Date Paid to Purpose Check # Amount

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
|  |  |  |  |  |

Total expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.

(C-D) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E.

1. Financial balance as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Present report date)

Name, address, and account number of bank(s) used by chapter

* Checking: Account #
* Savings: Account #

|  |
| --- |
| Section IV: Certification |
| Treasurer’s Name: President’s Name |
| Signature: Signature: Date: |
| Instructions: Make a copy and retain for your chapter records. Mailing address: MCEA, 7127 |
| Rutherford Road, Baltimore, Maryland 21244 -- Attention: Finance Department |

7.25.2013