

**NAME OF NFE**

Financial Statement

**For Period:**

xx/xx/xxxx - xx/xx/xxxx

Does the PO have a checking account?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

**Previous Balance Ending:** \_\_\_\_\_

**PO REVENUE:**

Type Revenue	How Raised (back sales, car wash, donations, etc.)	Date Received	Location of Fundraiser	Amount Raised
Fundraiser				
Donation				
Membership Dues				

Total Revenue for Reporting Period: \_\_\_\_\_ **\$0.00**

**PO EXPENSES:**

Type of Expense	Amount of Expense
Office Supplies	
Award	
Bank Fee	
Printing	
Refreshments	
Other (identify):	

**Total Expenses for Reporting Period:** **\$0.00**

**Net Income:** **\$0.00**  
(Total Revenue less Total Expenses)

**Ending Equity Balance:** **\$0.00**  
(Beginning Balance plus Net Income)