



Ordo Templi Orientis

LOCAL BODY FINANCIAL REPORT

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SUBMIT TO: U.S. Grand Treasurer General
Ordo Templi Orientis
P.O. Box 45139
Los Angeles, CA 90045-0139

Body Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Master: _____

Phone: _____ E-mail: _____

Treasurer: _____

Phone: _____ E-mail: _____

Reporting Requirements

- Revenues less than \$500 per yearAnnual
- Revenues between \$500 and \$1000 per year..... Semi-Annual
- Revenues over \$1000 per year..... Quarterly

Our fiscal year begins: _____

This report is for fiscal year: _____

- Annual Report
- First Semi-Annual Report Second Semi-Annual Report
- Quarter 1 Quarter 2 Quarter 3 Quarter 4

I attest that this report is true and correct to the best of my knowledge.

Treasurer Signature: _____ Date: _____

Master Signature: _____ Date: _____

Report Prepared by: _____ (print)

BODY NAME: _____

INCOME & EXPENSES PERIOD: YR S1 S2 Q1 Q2 Q3 Q4 FISCAL YEAR: _____

Income

National Dues	
Initiation Fees	
Local Dues	
Donations	
Sales (Attach Detail)	
Other *	<u> </u>

Expenses

National Dues	
Initiation Expenses	
Temple Equipment/Furn.	
Copying	
Postage	
Office Supplies	
Telephone	
Advertising	
Other *	<u> </u>

Totals _____ - _____ = \$ _____

Beginning Balance + \$ _____

Ending Balance = \$ _____

* Must be less than \$100. For other income/expenses, list as a separate category in the space above.