

# **Kids Korps USA**

## **Chapter Leader Quarterly Report**

This form must be completed and returned to the Kids Korps office

**Returned by** (check appropriate box):

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**December 31** (For the September-November Operating Quarter)

**March 31** (For the December- February Operating Quarter)

**June 30** (For the March- May Operating Quarter)

**September 30** (For the June – August Operating Quarter)

**CHAPTER NAME:** \_\_\_\_\_

**CHAPTER OFFICERS: (Indicate if there has been a change in Chapter Officers)**

1. President: \_\_\_\_\_

2. Secretary: \_\_\_\_\_

3. Treasurer: \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**MEMBERS:**

Number of youth members \_\_\_\_\_ Number of Adult Members \_\_\_\_\_

**SERVICE PROJECTS:**

List of Chapter service projects completed during the quarter.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

**FUNDRAISING ACTIVITIES UNDERTAKEN THIS QUARTER:**

**TRAINING:**

Names of Chapter Leaders trained this Quarter \_\_\_\_\_

**FINANCIAL: Note:** The Kids Korps Operating Calendar runs 1 month earlier than the Fiscal Calendar year. Please use the Fiscal Calendar Year for this section.

**October – December**

**January – March**

**April – June**

**July – September**

Does the Chapter have a Bank account? Yes No

If No; does the Chapter have over \$200 in petty cash Yes No

If Yes; (this quarter only) Chapter account ending balance: \$ \_\_\_\_\_ Chapter dues collected: \$ \_\_\_\_\_

Attached - Copies of this quarter's bank statements and *Quarterly Detailed Income/Expense* Report

**SUGGESTIONS:** Please email your comments to [info@kidskorps.org](mailto:info@kidskorps.org)

**Complete this report at the end of each quarter with the *Chapter Leader Quarterly Report*. Chapter Treasurer/Leader must keep accurate records of all monies received and spent. This, or a similar form, must be used to balance your income and expenses to your bank statement.**

**Kids Korps USA: Developing Leaders for Life Through Youth Volunteerism**



265 Santa Helena Suite 130  
Solana Beach, CA 92075

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Fax: (858) 259-3603

Online: [www.kidskorps.org](http://www.kidskorps.org)  
Email: [info@kidskorps.org](mailto:info@kidskorps.org)

# Kids Korps USA

## Quarterly Detailed Income/Expense Report

Quarter:  1st (March 31)    2nd (June 30)    3rd (September 30)    4th (December 31)

Attached: receipts, *Fundraising Activity Applications*, check book register and bank statements.

Chapter Name: \_\_\_\_\_ Chapter Account Balance: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared by: \_\_\_\_\_ Chapter Position: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email address: \_\_\_\_\_

<b>INCOME</b>									
Date	Check #	Description of Income	Membership Dues	Project Fees	Fundraising Activity	Blankets	Other	Amount	
####	1234	<i>Bake sale</i>			X			\$60	
<b>Total Quarter Income</b>								\$	-

<b>EXPENSE</b>									
Date	Check #	Description of Expense	Meeting Food & Supplies	Project Fees	Project Supplies	Blankets	Other	Amount	
####	5678	<i>Reimbursement for snacks</i>	X					\$30	
<b>Total Quarter Expense</b>								\$	-

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