

**PALMETTO STATE LAW ENFORCEMENT OFFICERS ASSOCIATION**  
**Quarterly Report**

Chapter's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Mail forms to: PSLEOA 1120 Steeplechase Δ Florence, SC 29501

To the Present, Executive Board and members of PSLEOA.

We the members of: \_\_\_\_\_

Submit our quarterly report for this 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Quarter \_\_\_\_\_

**Finance:**

1. Monies acquired/collected \_\_\_\_\_ (explain mode)  
\_\_\_\_\_

2. Brought forward from last quarter \_\_\_\_\_

Total \_\_\_\_\_

**Disbursement:**

Paid out for \_\_\_\_\_

Paid out for \_\_\_\_\_

Paid out for \_\_\_\_\_

Paid out for \_\_\_\_\_

Paid out for \_\_\_\_\_

Total \_\_\_\_\_

Balance in Treasury \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of functions this quarter \_\_\_\_\_

President

Secretary



Treasurer

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Date

**PALMETTO STATE LAW ENFORCEMENT OFFICERS ASSOCIATION**  
**SUBJECT: Incoming/Outgoing Money Accountability Report**  
**Outgoing Money**  
**Chapters Name:**  
**Mail forms to: PSLEOA, M. 1120 Steeplechase Drive M. Florence, SC 29501**

#	Date	Purpose/Description	Check#	Cash	FY	Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
Date: _____			Total this sheet _____			

President \_\_\_\_\_  
 Signature \_\_\_\_\_  
 PSLEOA Form #2

Secretary \_\_\_\_\_  
 Signature \_\_\_\_\_

Treasurer \_\_\_\_\_  
 Signature \_\_\_\_\_