

**BOARD OF CONTROL
FINANCIAL REPORTING FORM
FISCAL YEAR _____**

DISTRICT OFFICERS:
(Insert Printed Name & Title)

BANK INFORMATION:
(fill in all that apply)

NAME OF BANK	ADDRESS	ACCT. #	BEGINNING BALANCE	ENDING BALANCE
CHECKING				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
SAVINGS				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
CERTIFICATES OF DEPOSIT (include date of maturity)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REVENUE INFORMATION:

Dues: _____
Tourn. Receipts: _____
Fines: _____
Donations: _____
Other: _____

EXPENSE INFORMATION:

Dist. Commissioner: _____
Dist. Secretary: _____
Officials: _____
Meetings: _____
Travel: _____
Other: _____

_____, hereby certifies to the IHSAA Board:
(Name & Title)

- I am the _____, of the District Board of Control.
- I have prepared the foregoing financial report, know the contents thereof and believe the same to be true and correct.

DATED THIS _____ day of _____, 20__.

(Insert printed Name & Title)