



**HOSPITAL AUXILIARIES ASSOCIATION OF ONTARIO  
2018 REGION FINANCIAL STATEMENT**

**Region year ends are May 31 2018**

Region: \_\_\_\_\_

Please complete *both* sides of this form and make two copies of the document.

**This must be completed no later than June 30<sup>th</sup> 2018,**

- a) Send one copy of the completed form together with a **reviewed Financial Statement** to the HAAO Treasurer: Elda Sopher, 708-165 Herchimer Ave., Bellville, On K8N 5M1
- b) Send one copy By June 30<sup>th</sup> 2018, with a **reviewed Financial Statement** to the HAAO Director of Regions: Ann Kerry, 696 King Street, Unit 23, Midland, On L5R 5B5  
Keep a copy for your files.

**REPORT ON CONFERENCES**

(This is financial information pertaining *only* to regional conferences)

**RECEIPTS:**

<b>Receipts</b>	<b>No of Registrants</b>	<b>Registration/Lunch</b>	<b>Total</b>
Fall 2017	_____ @	\$ _____	\$ _____
Spring 2018	_____ @	\$ _____	\$ _____
Executive Conferences	_____ @	\$ _____	\$ _____
Teen Conference	_____ @	\$ _____	\$ _____
Other Receipts (please detail)			\$ _____
<b>TOTAL RECEIPTS</b>			<b>\$ _____</b>

**DISBURSEMENTS:**

Space Rental	\$ _____
Speaker's Expense	\$ _____
Executive Travel	\$ _____
Catering Costs	\$ _____
Guests (Lunch etc.)	\$ _____
Gifts	\$ _____
Postage	\$ _____
Telephone Calls	\$ _____
Photocopying etc.	\$ _____
Other Disbursements (specify)	\$ _____
_____	\$ _____

**TOTAL DISBURSEMENTS** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**CASH OVER OR (UNDER)** \*\* \$ \_\_\_\_\_

\*\* If this amount is Cash Over ( you made a 'profit 'on the event) please enter the amount on the reverse side as "Other Receipts"

\*\* If this amount is Cash Under (the event cost more than you took in as revenue) please enter the amount on the reverse side as "Other Disbursements"

**NON CONFERENCE RECEIPTS**

Grant(s) received from HAAO \$ \_\_\_\_\_  
Bank Interest \$ \_\_\_\_\_  
Other Receipts (please provide details) \_\_\_\_\_  
\$ \_\_\_\_\_

**Conferences Cash OVER (from Page 1)\*\*** \$ \_\_\_\_\_

TOTAL RECEIPTS \$ \_\_\_\_\_

**NON CONFERENCE DISBURSEMENTS**

Executive Travel \$ \_\_\_\_\_  
Postage \$ \_\_\_\_\_  
Long Distance Calls \$ \_\_\_\_\_  
Bank charges \$ \_\_\_\_\_  
Other Disbursements (please provide details) \_\_\_\_\_  
\$ \_\_\_\_\_

**Conferences Cash UNDER (from Page 1)\*\*** \$ \_\_\_\_\_

TOTAL DISBURSEMENTS \$ \_\_\_\_\_

NET: EXCESS OR (DEFICIENCY) OF REVENUE OVER DISBURSEMENT \$ \_\_\_\_\_

BALANCE ON HAND JUNE 1, 2017 \$ \_\_\_\_\_

BALANCE ON HAND MAY 31, 2018 \$ \_\_\_\_\_

Signed

Signed

\_\_\_\_\_  
Region Chair

\_\_\_\_\_  
Secretary-Treasurer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town Postal Code

\_\_\_\_\_  
City/Town Postal Code

\_\_\_\_\_  
Telephone  
e-mail \_\_\_\_\_

\_\_\_\_\_  
Telephone  
e-mail \_\_\_\_\_

Date \_\_\_\_\_

**DEADLINE: JUNE 30, 2018**

NOTE: Any request for a region grant must be forwarded in writing to the Treasurer, accompanied by a copy of this statement.