



Retired Teachers Organization

RTO BRANCH FINANCIAL STATEMENT

_____ Branch

NOTE #1: THIS FINANCIAL STATEMENT MUST BE SUBMITTED BY JULY 15.

NOTE #2: Please use this form. If your branch wishes to submit further information, please attach the same to this form.

NOTE #3: This statement must be verified by a member of your Branch as noted on page 2.

NOTE #4: Please attach a copy of your **Branch Bank Statement** showing **Opening and Closing Balance** for complete **Fiscal Reporting Period.**

Statement of Revenue and Expenditures for the last fiscal year from _____ to _____.
(dd/mm/yyyy) (dd/mm/yyyy)

Bank/Credit Union Balance at Beginning of year \$ _____ (1)

Revenue for Year:

Dinner, Lunches	\$ _____
RTO Grant	\$ _____
Donations	\$ _____
Membership Dues	\$ _____
Interest	\$ _____

Branch Initiative/Program Grant(s) (BIPs) if applicable*:

BIP #1 Title _____	\$ _____
BIP #2 Title _____	\$ _____
BIP #3 Title _____	\$ _____
Other (Specify) _____	\$ _____
Other (Specify) _____	\$ _____
Other (Specify) _____	\$ _____
Other (Specify) _____	\$ _____

Add Total Revenues for Year

Sub-total

\$ _____ (2)

COMPLETE BRANCH REVENUE - add Lines (1) and (2)

\$ _____ (3)

BRANCH FINANCIAL STATEMENT PAGE 2

COMPLETE BRANCH REVENUE - Copy Line (3) from page 1

\$ _____ (3)

Expenditures for Year:

Dinners, Lunches \$ _____

Printing, Postage, Stationery \$ _____

Bank/Credit Union charges \$ _____

Executive, President \$ _____

Donations, Awards, Gifts \$ _____

Hall Rentals \$ _____

Scholarships/Bursaries \$ _____

Branch Initiative/Program Grant(s) (BIPS) if applicable*:

BIP #1 Title _____ \$ _____

BIP #2 Title _____ \$ _____

BIP #3 Title _____ \$ _____

Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

ADD Total Expenditures for Year \$ _____ (4)

BALANCE – Branch Funds Available at End of Year: (Line (3) subtract Line (4)) \$ _____ (5)

*Any Branch that received a BIP Grant(s) is required to complete and submit a final report using the form provided for that purpose.

Prepared by:

Date _____

Treasurer _____

Telephone _____

Address _____

Postal Code _____

City _____

Email _____

Verified/Reviewed by: _____

Please send to: Helen Dawe-Webb, RTO Admin Support

**C/O: NSTU 3106 Joseph Howe Dr., Halifax, N.S. B3L 4L7
OR email: rtons@simplicanada.ca**

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