



SUBMIT TO: U.S. Grand Treasurer General
Ordo Templi Orientis
P.O. Box 45139
Los Angeles, CA 90045-0139

Body Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Master: _____

Phone: _____ E-mail: _____

Treasurer: _____

Phone: _____ E-mail: _____

Reporting Requirements

- ☐ Revenues less than \$500 per yearAnnual
☐ Revenues between \$500 and \$1000 per year..... Semi-Annual
☐ Revenues over \$1000 per year..... Quarterly

Our fiscal year begins: _____

This report is for fiscal year: _____

- ☐ Annual Report
☐ First Semi-Annual Report ☐ Second Semi-Annual Report
☐ Quarter 1 ☐ Quarter 2 ☐ Quarter 3 ☐ Quarter 4

I attest that this report is true and correct to the best of my knowledge.

Treasurer Signature: _____ Date: _____

Master Signature: _____ Date: _____

Report Prepared by: _____ (print)

BODY NAME: _____

JOURNAL

PERIOD: ☐ YR ☐ S1 ☐ S2 ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

FISCAL YEAR: _____

[illegible]

BODY NAME: _____

INCOME & EXPENSES

PERIOD: ☐ YR ☐ S1 ☐ S2 ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

FISCAL YEAR: _____

Income

National Dues	
Initiation Fees	
Local Dues	
Donations	
Sales (Attach Detail)	
Other *	_____

Expenses

National Dues	
Initiation Expenses	
Temple Equipment/Furn.	
Copying	
Postage	
Office Supplies	
Telephone	
Advertising	
Other *	_____

Totals _____ - _____ = \$ _____

Beginning Balance + \$ _____

Ending Balance = \$ _____

* Must be less than \$100. For other income/expenses, list as a separate category in the space above.