



Alpha Epsilon Delta

The Health Preprofessional Honor Society

Annual Financial Audit Report

College/ University _____

AED Chapter (State Greek Letter-not symbol) _____

Calendar Year _____

Initiation Dates	Number of Memberships: Student+Honorary			
M/D/Yr	(Affiliate-Ch)	(Student-National)	(Honorary)	Total

Beginning Year Account/s: Balance as of January 1, _____ \$ _____

Revenues	Itemized Descriptions:	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Revenue Subtotal	\$ 0
Expenses	Itemized Descriptions	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Expense Subtotal	\$ 0

Beginning Year Account/s: Balance as of December 31, _____ \$ _____

We certify the above Financial records of our AED Chapter for the period stating January 1, **20**_ and ending December 31, **20**_ were audited by the following:

Committee

Chapter Advisor

Other:

Typed Name of Chapter President _____

Signature of Chapter President _____

Date _____

Typed Name of Chapter Advisor _____

Signature of Chapter President _____

Date _____

Please remember that the "new" Treasurer (the Treasurer for the upcoming school year) must be informed of all chapter financial matters, i.e., signature changes, checking /saving account/s, carryover of funds, etc.