



Local Specialists' Association Financial Statement

Please submit this financial statement (form **PD – LSA 3**) to the District Pro D Chairperson by June 15 of each school year along with the **PD –LSA 1** (Operational Grant) and **PD – LSA 2** (Bank Account Authorities) forms.

Full Name of LSA (as it appears on the account)

Name of LSA Treasurer

School

Email

Statement for School Year ending June 1, _____ (year)

1. Opening Balance from the previous year. (Please ensure that this amount is the same as the balance remaining from last years' statement)

2. Total Received by the LSA in this past year.

3. Beginning Balance (Add item #1 and #2) +

4. Total Monies Spent this year

5. Balance Remaining (Subtract item #4 from #3) -

Signature of the LSA Treasurer _____ date _____

Signature of the LSA President _____ date _____