

Local Specialists' Association Financial Statement

LSAs will receive this financial statement from the District Pro D Chairperson by October 15th and June 1st of each school year.

Full Name of LSA

Name of LSA President

School

Email

Statement for _____ (date)

1. Opening Balance from the previous statement.	\$ <input type="text"/>
2. Total Received by the LSA in this term (since the last statement).	\$ <input type="text"/>
3. Beginning Balance (Add item #1 and #2) +	\$ <input type="text"/>
4. Total Monies Spent this term	\$ <input type="text"/>
5. Balance Remaining (Subtract item #4 from #3) -	\$ <input type="text"/>

Most recent account statement attached.

Signature of the Pro D Chair _____ date _____

Return to: Chairperson, District Pro D Committee – VTA Office 4004-31 Street
(250) 542-0456 pdchair@vernonta.com www.vernonta.com

PD LSA 4 (page 1 of 2)