

**NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)
HEAD START/EARLY HEAD START PROGRAM**

PARENT COMMITTEE TREASURER'S REPORT

CENTER: _____

STATEMENT START DATE: _____ STATEMENT ENDING DATE: _____

MONTH: _____
(state month that covers more days from statement dates)

PREVIOUS STATEMENT BALANCE: _____ ENDING STATEMENT BALANCE: _____

DEPOSITS(+):

DATE	AMOUNT	SOURCE OF DEPOSIT

EXPENDITURES(-):

DATE	CHECK NO.	PAYABLE TO	AMOUNT	DESCRIPTION

PARENT COMMITTEE TREASURER

AREA MANAGER/EHS COORDINATOR

NOTE:
Please attach
**copies of checks, copies of
expense receipts and
ORIGINAL** Bank Statement.