

Florida Psychological Association
CHAPTER INCOME REPORT

*This form is to be used to report income generated from approved chapter events and projects. This form must be signed by the Chapter's Treasurer. (In the event that a Chapter does not have an assigned or elected Treasurer, the Chapter President will serve in this role.). **All income received directly by a Chapter must be reported on this form and forwarded to the FPA Central Office within 5 business days of its receipt. Please mail to: FPA, 408 Office Plaza Dr., Tallahassee, FL 32301-2757.***

CHAPTER: _____ DATE AND LOCATION OF EVENT: _____

SUMMARY OF INCOME COLLECTED (Please make all checks payable to "FPA"):

___ CPE event registration fees:	\$ _____
Member rate \$ _____	
Non-member rate \$ _____	
___ Newsletter Advertisement	\$ _____
___ Member meeting / event – No CPE	\$ _____
___ Sponsorship	\$ _____
___ Donation	\$ _____
___ Other (specify: _____)	\$ _____
Total Income Collected	\$ _____

I certify that all income generated as a result of the above-listed event has been reported accurately to the FPA Central Office as required by law.

CHAPTER Treasurer (print name): _____

CHAPTER Treasurer's Signature: _____ DATE: _____

FPA Central Office Use Only

Received by: _____ Date: _____

Amount Received: _____