KAPPA DELTA PHI REGIONAL SUMMARY
REGION _____

CHAPTER NAME:									**TOTALS**
Location									
Federal ID #									
Active Members									
Associate Members									
Outstanding Dues									
Beginning Balance 5/1/19									
Receipts:									
Dues									
Fundraisers									
Contributions									
Investment Income									
Other (specify)									
Total Receipts:									
Disbursements:									
Welfare:									
Children									
Senior Citizens									
Needy Families									
KDP Sister/Family									
Health Services									
Education									
Community									
Military									
Other (specify)									
Total Welfare									
Fundraising									
Travel									
Convention/Meetings									
Dues (PCT Assessments)									
Supplies/Admin									
Other (specify)									
Total Disbursements:									
Ending Balance 4/30/20									
REGIONAL TREASURY BALANCE: _____				**REGIONAL WELFARE:** _____					