



THE SOCIETY FOR CREATIVE ANACHRONISM-ILLINOIS, INC.
FINANCIAL REPORT

Branch: _____ Period: _____ to _____.

<u>CONTENTS</u>	Table of Contents	REQUIRED
<u>1. CONTACT INFO</u>	Contact Information	REQUIRED
<u>2.a PRIMARY ACCOUNT</u>	Primary Account Reconciliation	REQUIRED
<u>2.b SECONDARY ACCOUNTS</u>	Secondary Account Reconciliation	REQUIRED IF DATA
<u>3. BALANCE</u>	Comparative Balance Statement	REQUIRED
<u>4. INCOME</u>	Income Statement	REQUIRED
<u>5.a ASSET DTL</u>	Asset Detail	REQUIRED IF DATA
<u>5.b LIABILITY DTL</u>	Liability Detail	REQUIRED IF DATA
<u>6. INVENTORY DTL</u>	Inventory Detail	REQUIRED IF DATA
<u>7. REGALIA SALES DTL</u>	Regalia & Other Sales Detail	REQUIRED IF DATA
<u>8. DEPRECIATION DTL</u>	Depreciation Detail	REQUIRED IF DATA
<u>9. TRANSFER IN</u>	Transfer Income Detail	REQUIRED IF DATA
<u>10. TRANSFER OUT</u>	Transfer Expense Detail	REQUIRED IF DATA
<u>11.a INCOME DTL</u>	Income Detail Part 1	REQUIRED IF DATA
<u>11.b INCOME DTL</u>	Income Detail Part 2	REQUIRED IF DATA
<u>12.a EXPENSE DTL</u>	Expense Detail Part 1	REQUIRED IF DATA
<u>12.b EXPENSE DTL</u>	Expense Detail Part 2	REQUIRED IF DATA
<u>13. FINANCE COMM</u>	Financial Committee Information	REQUIRED IF DATA
<u>14. FUNDS</u>	Dedicated Fund List	REQUIRED IF DATA
<u>15. NEWSLETTER</u>	Newsletter Income Detail	REQUIRED IF DATA
<u>COMMENTS</u>	Comments	REQUIRED IF DATA
ADDITIONAL WORKSHEETS		
<u>2.c SECONDARY ACCOUNTS</u>	Secondary Account Reconciliation	REQUIRED IF DATA
<u>2.d SECONDARY ACCOUNTS</u>	Secondary Account Reconciliation	REQUIRED IF DATA
<u>5.c ASSET DTL</u>	Asset Detail	REQUIRED IF DATA
<u>5.d LIABILITY DTL</u>	Liability Detail	REQUIRED IF DATA
<u>6.b INVENTORY DTL</u>	Inventory Detail	REQUIRED IF DATA
<u>6.c INVENTORY DTL</u>	Inventory Detail	REQUIRED IF DATA
<u>7.b REGALIA SALES DTL</u>	Regalia & Other Sales Detail	REQUIRED IF DATA
<u>8.b DEPR DTL</u>	Depreciation Detail - 5 year	REQUIRED IF DATA
<u>8.c DEPR DTL</u>	Depreciation Detail - 7 year	REQUIRED IF DATA
<u>9.b TRANSFER IN</u>	Transfer Income	REQUIRED IF DATA
<u>9.c TRANSFER IN</u>	Transfer Income	REQUIRED IF DATA
<u>9.d TRANSFER IN</u>	Transfer Income	REQUIRED IF DATA
<u>10.b TRANSFER OUT</u>	Transfer Expense	REQUIRED IF DATA
<u>10.c TRANSFER OUT</u>	Transfer Expense	REQUIRED IF DATA
<u>10.d TRANSFER OUT</u>	Transfer Expense	REQUIRED IF DATA
<u>12.c EXPENSE DETAIL</u>	Expense Detail for State Subsidiaries	REQUIRED IF DATA
<u>FREE FORM</u>	Unlocked Worksheet for other information (ledgers, etc.)	

Version: AS XLV 3.0 LARGE pdf LOCAL

Make sure that all pages marked 'REQUIRED' are submitted and filed.



**THE SOCIETY FOR CREATIVE ANACHRONISM-ILLINOIS, INC.
FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____.

CHANCELLOR OF THE EXCHEQUER CONTACT INFORMATION

Warrant End Date:			
Legal Name:			
Street Address:			
City:	State or Province:		Zip or Postal Code:
Home Telephone:	Alternate Phone:		
Internet or E-mail Address (Required if available):			Membership #:
SCA Name:			Exp. Date:
Mailing address (IF NOT THE SAME AS ABOVE):			
PO Box/Address:			
City:	State or Province:		Zip or Postal Code:

Deputy for:

Legal Name:			
Street Address:			
City:	State or Province:		Zip or Postal Code:
Home Telephone:	Alternate Phone:		
Internet or E-mail Address (Required if available):			Membership #:
SCA Name:			Exp. Date:

Deputy for:

Legal Name:			
Street Address:			
City:	State or Province:		Zip or Postal Code:
Home Telephone:	Alternate Phone:		
Internet or E-mail Address (Required if available):			Membership #:
SCA Name:			Exp. Date:



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FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____

PRIMARY ACCOUNT RECONCILIATION

Complete this form for the **primary** bank account held and managed by this Society branch or office. Attach a copy of the bank statement which includes ending date of period. Kingdoms may require more information to be attached. If your branch has funds but does not keep them in a bank account, use the Comment page to explain how the funds are managed.

Bank Name:	_____		
Bank Account Title:	_____		
Bank Account Type :	_____	Bank's Signature Requirement:	_____
Bank Account Number :	_____	Statement Ending Date:	_____
Bank Branch Phone Number and Name of Contact:	_____		

USD \$

1. Balance from bank statement at end of period

Deposit Date	Amount of Deposit	Deposit Date	Amount of Deposit

2. Deposits not cleared on statement	TOTAL
---------------------------------------------	--------------

Check Number	Date	Check Amount	Check Number	Date	Check Amount

3. Checks not cleared on statement	TOTAL
-------------------------------------------	--------------

4. Adjusted ACCOUNT Balance (Line 1 + Line 2 - Line 3)	
5. Ending LEDGER or REGISTER Balance	

6. Does this account earn interest? (YES or NO)	<input type="checkbox"/>	<i>NO: add line 5 to Pg. 3 Line I.a.(End)</i>
		<i>YES: add line 5 to Pg. 3 Line I.b.(End)</i>

All Persons below are on the signature card as of (date): _____

Title	Legal Name (Print)	Address	Member # / Exp mm/yyyy
Exchequer			

Branch accounts must include the exchequer and the Kingdom exchequer (or their designate) as signatories.

Sign:	Exchequer:	Date:
Seneschal:		



**THE SOCIETY FOR CREATIVE ANACHRONISM-ILLINOIS, INC.
FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____.

SECONDARY ACCOUNTS RECONCILIATION - OVERFLOW

Complete one column for each **secondary** bank account held and managed by this Society branch or office. **Fill in all information** for the data to pass on to the Balance Sheet. Attach copies of the bank statements which include ending date of period and reconciliation for each account.

Kingdoms may require more information to be attached.

Bank Name						
Account Number						
Bank's Signature Req:						
Account Type						
Interest Bearing?						**
Statement End Date						**
A: Statement Ending Balance						A
B: Total Deposits not credited						B
C: Total Withdrawals not cleared						C
Non-Interest Bearing Adjusted Bank Balance (A + B - C)						Pg. 1 I.a
Interest Bearing Adjusted Bank Balance (A + B - C)						Pg. 1 I.b
ENDING BALANCES						
Ending Balance in Register/Ledger						
SIGNATORIES						
Legal Name						
Member #						1
Expiration mm/yyyy						
Legal Name						
Member #						2
Expiration mm/yyyy						
Legal Name						
Member #						3
Expiration mm/yyyy						
Legal Name						
Member #						4
Expiration mm/yyyy						
Legal Name						
Member #						5
Expiration mm/yyyy						

Use additional sheets if necessary



THE SOCIETY FOR CREATIVE ANACHRONISM-ILLINOIS, INC.
FINANCIAL REPORT

Branch: _____ **Period:** _____ to _____.

COMPARATIVE BALANCE STATEMENT

For **Cumulative** Quarterly Reports, use **last year's** Comparative Balance Sheet (End) amounts for the (Start) amounts.

For **Sequential** Quarterly Reports, use **last report's** Comparative Balance Sheet (End) amounts for the (Start) amounts.

For **Year-end** Reports, the (Start) numbers will be provided to you by the Kingdom Exchequer. The numbers may have changed from what was submitted last year because of transfer reconciliation between your account and other accounts.

The Year-end Report must be signed by the person preparing the report.

(START) FIGURES MAY NOT BE CHANGED UNDER ANY CIRCUMSTANCES!

		USD \$	USD \$
I. ASSETS	(from page)	Start	End
a) Undeposited and Non-Interest Bearing Cash	(3,5a)		
b) Cash Earning Interest	(3)		
c) Receivables	(5a)		
d) Inventory For Sale (Major Inventory)	(6)		
e) Regalia & Non-Depreciated Equipment	(7)		
f) Depreciated Equipment	(8)		
g) MINUS Accumulated Depreciation	(8)		
h) Prepaid Expenses	(5a)		
i) Other Assets	(5a)		
j) TOTAL ASSETS	Add a through f, subtract g,		

II. LIABILITIES			
a) Newsletter Subscriptions Due	(15)		
b) Deferred Revenue	(5b)		
c) Payables	(5b)		
d) Other Liabilities	(5b)		
e) TOTAL LIABILITIES	Add a through d		

III. NET WORTH		Line I.i minus Line II.d		
Proof:	Change in Net Worth	III(End) - III(Start)	(A)	(A = B) ? If NO, the report is incomplete.
	Net Income	Income Statement Line 32	(B)	

Legal Names: _____ Print

_____ Sign

Exchequer:			Date:
Seneschal:			Date:

Signatures below certify that the information on this report is correct and complete to the best of their knowledge.



THE SOCIETY FOR CREATIVE ANACHRONISM-ILLINOIS, INC.
FINANCIAL REPORT

Branch: _____ **Period:** _____ **to** _____

INCOME STATEMENT

USD \$

INCOME		(from page)	Gross	Cost	Amount
1a	Fund Raising: Non-medieval activities to earn	(11a)		INTERNAL	
1b	income (raffles, car washes, bake sales, etc.)	(11a)		EXTERNAL	
2	Direct Contributions/Donations: No activity	(11a)			
3a	Activity Related: Medieval activities to earn income	(11a)		Income from Demos and Activity Fees	
3b	(events, demos, heraldry fees)	(11b)		Adjusted Gross Event Income	
4a	Funds Transferred In from Another SCA Account	(9)		WITHIN KINGDOM	
4b		(9)		OUTSIDE KINGDOM	
5	Interest Earned				
6	Net Inventory Sales Income	(6)	Gross-Cost=Net		
7	Other Sales Income	(7)			
8	Adjusted Gross Newsletter Income	(15)			
9	Net Advertising Income	(11b)	Gross-Cost=Net		
10	Other Income	(11b)			
11	TOTAL GROSS INCOME				(Sum of Lines 1 through 9)

SCA, Inc. Stock Clerk expenses are General Supplies!

EXPENSES		(from page)	Office & Admin.	Activity Related	Fund Raising	Total
12	Advertising (NON-SCA)	(12a)				
13	Bad Debts	(12a)				
14	Bank Service Charges					
15	Depreciation	(8)				
16	Equipment Rental & Maintenance					
17	Fees & Honoraria	(12a)				
18	Food					
19	General Supplies					
20	Insurance (NON-SCA)	(12b)				
21	Occupancy & Site Charges					
22	Postage & Shipping, PO Box Rental					
23	Printing & Publications					
24	Released Equipment	(7)				
25	Telephone					
26	Travel (Gas, Tolls, Airfare)					
27	SUB-TOTAL (Lines 12-26)					
28	Other Expenses				(12b)	
29	Donations to SCA, Inc. Subsidiaries and Other 501(c)(3) [Nonprofit] Organizations				(12b)	
30a	Funds Transferred Out to Another SCA Account			WITHIN KINGDOM	(10)	
30b				OUTSIDE KINGDOM	(10)	
31	TOTAL EXPENSES					(Line 27 TOTAL + Lines 28 to 30b)
32	NET INCOME (MUST MATCH Change in Net Worth)					(Line 11 Minus Line 31)

Legal Names: _____ Print

_____ Sign

Exchequer:			Date:
Seneschal:			Date:



THE SOCIETY FOR CREATIVE ANACHRONISM-ILLINOIS, INC.
FINANCIAL REPORT

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ASSET DETAIL WORKSHEET

Undeposited funds are cash or checks not yet deposited into an account, and the amount of any temporary cash funds that may exist. Enter the total amount below with the reason it is not in a bank. Also enter any undeposited transfer checks written in prior year.

4th quarter only: Also enter any undeposited transfer checks written in prior year.

UNDEPOSITED FUNDS AND LATE-ARRIVING TRANSFER CHECKS			
Sending Branch or Reason	Amount	Sending Branch or Reason	Amount
Add TOTAL to Pg. 3 I.a (End)			

Receivables are funds that are due to the SCA, Inc. from third parties through already established obligations. Examples include: Unresolved cash advances, returned checks and bank fees, etc.

RECEIVABLES: Owed From	Reason	Prior Amount	Current Amount
TOTAL			
Show on		Pg. 3 I.c (Start)	Pg. 3 I.c (End)

Prepaid expenses are any expenses that we have paid for in advance, such as site deposits or down payments, that will be used toward the final payment. We are still owed the product or service for which that payment is related, or a refund.

PREPAID EXPENSES: Description	Prior Amount	Current Amount
Show on	Pg. 3 I.h (Start)	Pg. 3 I.h (End)

Other assets are any assets that do not fall into any other category. An example is a site security deposit which will be returned after the event has occurred and the site is inspected.

OTHER ASSETS: Description	Prior Amount	Current Amount
Show on	Pg. 3 I.i (Start)	Pg. 3 I.i (End)

Use additional sheets if necessary



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FINANCIAL REPORT

Branch: _____ Period: _____ to _____.

INVENTORY DETAIL - OVERFLOW

NOTE: Use this form for major inventory (purchased for lot price of \$250 +). If a new lot originally cost less than US\$250 (minor inventory), use Page 7 to report income from sales of those items.

Report each purchase lot separately. Report sales from oldest lots of the same item first. Report discarded items on line E.

Each Lot will either have A1 and B1 populated from a prior report, or A2 and B2 if the lot is new for this report.

Lot Item Description									TOTAL ACROSS and where to report on prior pages
SP Suggested Selling Price									
STARTING BALANCE (for items reported on a prior report)									
A1 Existing Lot Quantity									<i>Pg. 3, L.d (Start)</i>
B1 Existing Lot Extended Cost									
PURCHASES THIS PERIOD (for items NOT reported on a prior report)									
A2 New Lot Purchase Quantity									
B2 New Lot Purchase Cost									
PER-UNIT COST									
C Per Unit Cost (B1/A1 or B2/A2)									
ENDING BALANCE									
D Quantity Sold at any price									
E Quantity Removed or Discarded									
F Ending Quantity ((B1 or B2) - D - E)									<i>Pg. 3 L.d (End)</i>
G Ending Extended Cost (F x C)									
NET INCOME									
H Cost of Goods ((B1 + B2) - G)									
I Actual Gross Income from Inventory Sales									
J Net Inventory Sales Income (I - H)									<i>Pg. 4, Ln 6</i>

Use additional sheets if necessary



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INCOME DETAIL PART 1

1a. FUNDRAISING INCOME (INTERNAL) Event	Activity at the event	Amount
Show TOTAL on Pg. 4 Line 1a		

1b. FUNDRAISING INCOME (EXTERNAL) Place	Activity	Amount
Show TOTAL on Pg. 4 Line 1b		

Transfers in from out-of-state branches (except ACCEPS) go under a) below!

2. DIRECT CONTRIBUTIONS	Amount
a) Donations received without consideration (receiving nothing in return)	
b) Stale checks from prior reporting period (if end-of-year report, then from prior year)	
c) Recovered bad debts written off in prior reporting period (if end-of-year report, then from prior year)	
d) Value of Asset Donations and Regalia Improvements (from page 7)	
Show TOTAL on Pg. 4 Line 2	

3a. INCOME FROM DEMOS AND ACTIVITY FEES From	Activity	Amount
Show TOTAL on Pg. 4 Line 3a		

Use additional sheets if necessary



**THE SOCIETY FOR CREATIVE ANACHRONISM-ILLINOIS, INC.
FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____

EXPENSE DETAIL PART 1

Remember to select the category in the far left column.

12. ADVERTISING (NON-SCA)		Amount
	Organization or Periodical (Not a kingdom newsletter) and date ad was published	
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
Show TOTAL on Pg. 4 Line 12		

OA, AR or FR	13. BAD DEBTS	Reason	Amount
	Organization or Person		
Show TOTAL on Pg. 4 Line 13			

Transfers to SCA, Inc. for Insurance go here!

OA, AR or FR	17. FEES & HONORARIA	Service Provided	Amount
	Organization or Person		
Show TOTAL on Pg. 4 Line 17			

Use additional sheets if necessary



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FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____.

EXPENSE DETAIL PART 2

20. INSURANCE (NON-SCA)		Amount
	Organization or Person	
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
AR		
Show TOTAL on Pg. 4 Line 20		

CONTACT YOUR KINGDOM EXCHEQUER BEFORE USING THIS SECTION!

28. OTHER EXPENSES:	Paid to	Amount
Reason		
Show TOTAL on Pg. 4 Line 28		

Transfers to out-of-state branches and kingdom accounts go here!

29. DONATIONS TO SCA, Inc. SUBSIDIARIES AND OTHER	FED ID Number	Amount
501(c)(3) [NONPROFIT] ORGANIZATIONS: Organization Name:		
Society for Creative Anachronism, Inc. (California)	94-1698556	
Show TOTAL on Pg. 4 Line 29		

Use additional sheets if necessary



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FINANCIAL REPORT

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DEDICATED FUND LIST

Use this form only if you manage multiple funds within your group's accounts. This is a list of all funds and their current balances as of the end date on this report. The total of all funds must equal the total ending cash from the Balance Sheet.

Total of lines I.a (End) and I.b (End) on the Comparative Balance Sheet - CASH:

	Name of Fund	Purpose of Fund	End-of-Period
1	General Fund	All Non-Dedicated Funds	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
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28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
	TOTAL:		

Use additional sheets if necessary



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FINANCIAL REPORT**

Branch: _____ **Period:** _____ to _____.

NEWSLETTER INCOME WORKSHEET

Use this form only if you sell issues of your newsletter.

Newsletter Name: _____ Gross Income: _____

If you sell issues IN ADVANCE using subscriptions, fill in the sections below.

Gross Income (A)	\$	For calculating price per Issue:		Rate 1	Rate 2
Start Subs Due (B)	\$	Price of one subscription:			
End Subs Due (C)	\$	# of Issues per Subscription:			
Adj. Gross Income (A+B-C)	\$	Price Per Issue:		\$	\$

(A) # of Issues Remaining	(B1) # of Subs Expiring	(C1) Price per Issue	(A) x (B1) x (C1) Balance of Subscription Due	(B2) # of Subs Expiring	(C2) Price per Issue	(A) x (B2) x (C2) Balance of Subscription Due
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
BEYOND 36 ISSUES		Calculate Separately			Calculate Separately	
Total :						



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SECONDARY ACCOUNTS RECONCILIATION - OVERFLOW

Complete one column for each **secondary** bank account held and managed by this Society branch or office.
Attach copies of the bank statements which include ending date of period and reconciliation for each account.
Kingdoms may require more information to be attached.

Bank Name						
Account Number						
Bank's Signature Req:						
Account Type						
Interest Bearing?						**
Statement End Date						**
A: Statement Ending Balance						A
B: Total Deposits not credited						B
C: Total Withdrawals not cleared						C
Non-Interest Bearing Adjusted Bank Balance (A + B - C)						Pg. 1 I.a
Interest Bearing Adjusted Bank Balance (A + B - C)						Pg. 1 I.b
ENDING BALANCES						
Ending Balance in Register/Ledger						
SIGNATORIES						
Legal Name						
Member #						1
Expiration mm/yyyy						
Legal Name						
Member #						2
Expiration mm/yyyy						
Legal Name						
Member #						3
Expiration mm/yyyy						
Legal Name						
Member #						4
Expiration mm/yyyy						
Legal Name						
Member #						5
Expiration mm/yyyy						

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SECONDARY ACCOUNTS RECONCILIATION - OVERFLOW

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Attach copies of the bank statements which include ending date of period and reconciliation for each account.
Kingdoms may require more information to be attached.

Bank Name						
Account Number						
Bank's Signature Req:						
Account Type						
Interest Bearing?						**
Statement End Date						**
A: Statement Ending Balance						A
B: Total Deposits not credited						B
C: Total Withdrawals not cleared						C
Non-Interest Bearing Adjusted Bank Balance (A + B - C)						Pg. 1 I.a
Interest Bearing Adjusted Bank Balance (A + B - C)						Pg. 1 I.b
ENDING BALANCES						
Ending Balance in Register/Ledger						
SIGNATORIES						
Legal Name						
Member #						1
Expiration mm/yyyy						
Legal Name						
Member #						2
Expiration mm/yyyy						
Legal Name						
Member #						3
Expiration mm/yyyy						
Legal Name						
Member #						4
Expiration mm/yyyy						
Legal Name						
Member #						5
Expiration mm/yyyy						

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INVENTORY DETAIL - OVERFLOW

NOTE: Use this form for major inventory (purchased for lot price of \$250 +). If a new lot originally cost less than US\$250 (minor inventory), use Page 7 to report income from sales of those items.

Report each purchase lot separately. Report sales from oldest lots of the same item first. Report discarded items on line E.

Each Lot will either have A1 and B1 populated from a prior report, or A2 and B2 if the lot is new for this report.

Lot Item Description									TOTAL ACROSS and where to report on prior pages
SP	Suggested Selling Price								
STARTING BALANCE (for items reported on a prior report)									
A1	Existing Lot Quantity								<i>Pg. 3, L.d (Start)</i>
B1	Existing Lot Extended Cost								
PURCHASES THIS PERIOD (for items NOT reported on a prior report)									
A2	New Lot Purchase Quantity								
B2	New Lot Purchase Cost								
PER-UNIT COST									
C	Per Unit Cost (B1/A1 or B2/A2)								
ENDING BALANCE									
D	Quantity Sold at any price								
E	Quantity Removed or Discarded								
F	Ending Quantity ((B1 or B2) - D - E)								<i>Pg. 3 L.d (End)</i>
G	Ending Extended Cost (F x C)								
NET INCOME									
H	Cost of Goods ((B1 + B2) - G)								
I	Actual Gross Income from Inventory Sales								
J	Net Inventory Sales Income (I - H)								<i>Pg. 4, Ln 6</i>

Use additional sheets if necessary



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SP	Suggested Selling Price								
STARTING BALANCE (for items reported on a prior report)									
A1	Existing Lot Quantity								<i>Pg. 3, L.d (Start)</i>
B1	Existing Lot Extended Cost								
PURCHASES THIS PERIOD (for items NOT reported on a prior report)									
A2	New Lot Purchase Quantity								
B2	New Lot Purchase Cost								
PER-UNIT COST									
C	Per Unit Cost (B1/A1 or B2/A2)								
ENDING BALANCE									
D	Quantity Sold at any price								
E	Quantity Removed or Discarded								
F	Ending Quantity ((B1 or B2) - D - E)								<i>Pg. 3 L.d (End)</i>
G	Ending Extended Cost (F x C)								
NET INCOME									
H	Cost of Goods ((B1 + B2) - G)								
I	Actual Gross Income from Inventory Sales								
J	Net Inventory Sales Income (I - H)								<i>Pg. 4, Ln 6</i>

Use additional sheets if necessary

