

Local Tenant Organization Monthly Reporting Form

Task Force Name and Development: _____

TPF or Laundry **(circle one)**

Month _____ Year _____

Bank Account Number _____

Starting Balance _____

Ending Balance _____

Petty Cash on Hand _____

Date	Amount of Deposit	Amount of Withdrawal Debit or Check	Balance	Vote If applicable	Description
Total	\$	\$	\$		

Treasurer's Signature: _____ Manager's signature (if applicable): _____

President's Signature: _____ Date Submitted: _____

*Please mail all reports with original receipts and copies of bank statements to:
 CCECR Resident Capacity Program 30 Bickford Street, 2nd Floor Jamaica Plain, MA 02130
 or scan and email the documents to rec@bostonhousing.org

Use additional sheets as needed

*Please retain copies of all receipts, bank statements, and this report for your own records

Last updated March 2020