STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

STATEMENT OF OPERATIONS
Inmate Organization

(Reference Directive #4760, VII. E.)

April 1, _____ - March 31, _____

_____ Correctional Facility

Organization: _____

A. **Organization Cash Balance**	
a. Cash on Hand April 1, _____	$_____
b. Total Receipts (+)	
1. Inmate membership dues/donations	$_____
2. Total Revenues from all special projects/fundraisers (gross)	+ $_____
	= (Total Rec.) +$_____
c. Total Disbursements (-)	
1. Dues to outside organization affiliation (If applicable)	$_____ +
2. Office Supplies/Equipment expenditures	$_____ +
3. Expenditures for Special Projects (fundraisers, charitable donations, etc.)	$_____ +
4. Expenditures for Special Events (special event supplies, food costs, etc.)	$_____
	= (Total Disb.) - $ _____
d. Cash on Hand March 31, _____ (=)	= $_____
B. **Fundraising Contribution (Section V. A. 1. a.)**	
1. Total profits from all fundraising activity (total revenues – total expenditures)	$_____
2. Total amount of profits contributed to Inmate Occupational Therapy Fund Account. (Must be at least 50% of total profits) Provide date(s) of contribution below: _____ _____ _____	$_____

C. **Organization Inventory** 1. Equipment/Office Inventory Item Description:	**Amount On Hand 3/31**
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
2. Fundraiser/Special Project Inventory (Use product amount, not dollar amount.) Name of fundraiser/special event: _____ Product on hand 4/1: _____ Amount Purchased: _____ Amount Sold/Used: _____ Amount Not Sold/Used: _____ Amount on Hand 3/31: _____	Name of fundraiser/special event: _____ Product on hand 4/1: _____ Amount Purchased: _____ Amount Sold/Used: _____ Amount Not Sold/Used: _____ Amount on Hand 3/31: _____

Staff Advisor review: _____ Date: _____
DSP review: _____ Date: _____
DSA review: _____ Date: _____
Steward review: _____ Date: _____

USE ADDITIONAL SHEETS AS NECESSARY