



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

QUARTERLY BOARD REPORT

from

DISTRICT _____

Date _____

District Meetings (include locations and number of members attending) since last Quarterly Board Report:

_____ Number attending _____

_____ Number attending _____

_____ Number attending _____

Treasurer's Report (as of _____): Include beginning and ending balance, and description of deposits and expenditures.

Beginning balance (ending balance from last board meeting) \$ _____

Ending balance \$ _____

Current # of Full Members _____ Current # of Life Members _____

Educational programs at District Meetings (Title, speaker, and length of presentation):

Additional information of interest:

Respectfully submitted,

Note: Attach a second sheet if necessary, to include any additional pertinent information.