



# Chapter Quarterly Report

King Cyrus Grand Chapter, HRAM of Virginia, PHA

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Chapter Name: \_\_\_\_\_ No. \_\_\_\_\_ District: \_\_\_\_\_

**This report is to be compiled by the subordinate Chapter Secretary**

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Street Address or P.O. Box Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code & Telephone Number E-Mail or Fax Number

## Reporting Periods

1<sup>st</sup> Qtr (August, September, October) – Report due to Grand Secretary no later than **10 November**

2<sup>nd</sup> Qtr (November, December, January) – Report due to the Grand Secretary no later than **10 February**

3<sup>rd</sup> Qtr (February, March, April) – Report due to the Grand Secretary no later than **10 May**

4<sup>th</sup> Qtr (May, June, July) – Report due to the Grand Secretary no later than **10 August**

1. Number of Companion's listed on previous quarter's report: \_\_\_\_\_
2. Number of Deaths: \_\_\_\_\_
3. Number of Suspensions: \_\_\_\_\_
4. Number of Reinstatements: \_\_\_\_\_
5. Number of Demits into Chapter: \_\_\_\_\_
6. Number of Demits out of Chapter: \_\_\_\_\_
7. Number of Exalted Companions: \_\_\_\_\_
8. Total number of Companions on roll as of this date: \_\_\_\_\_
9. Number of Past High Priest as of this date: \_\_\_\_\_
10. Number of Past Grand High Priest as of this date: \_\_\_\_\_

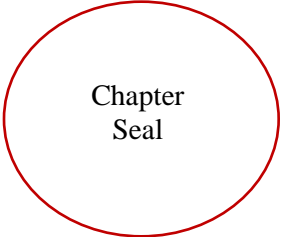
**Chapter Finances**

11. Amount of all monies received by Subordinate Chapter Secretary during this Quarter: \_\_\_\_\_

12. Total amount of all disbursements during this Quarter: \_\_\_\_\_

13. Verification of all disbursements by Treasurer:  Yes  No

**Note:** Chapter Quarterly Assessment payment is due with the report, or a \$ 25.00 late fee will be incurred.



**Excellent High Priest:** \_\_\_\_\_  
Print Signature

**Secretary:** \_\_\_\_\_  
Print Signature

**District Deputy Grand High Priest:** \_\_\_\_\_  
Print Signature