



MICHIGAN PHARMACISTS ASSOCIATION

**LOCAL ASSOCIATION PROPOSED BUDGET
RETURN TO MPA BY NOV. 30**

NAME OF LOCAL ASSOCIATION _____

The following items are recommended by the MPA Local Association Development Committee (LADC) to be included when considering local association budgeting. There may be additional items of income or expense which apply to your association, but items listed here are generally applicable. You may use this form/format when reporting budget information for the purpose of fulfilling items necessary for local association compliance, **or any other convenient format.**

Checking Account Balance: _____ Date: _____

Savings Account Balance: _____ Date: _____

Other: _____ Date: _____

INCOME	ACTUAL	PROPOSED
	_____ (year)	_____ (year)
Membership Dues (active, associate)	_____	_____
Checking Account Interest	_____	_____
Savings Account Interest	_____	_____
Dinner/CE Programs	_____	_____
	_____	_____
Publications	_____	_____
Special Donations	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

EXPENSES

ACTUAL

PROPOSED

_____ (year) _____ (year)

Operating Expenses:

Printing

Meeting Announcements

Newsletter Publication

Local Directory (Hotline)

Stationery

Miscellaneous

Postage

Miscellaneous Meeting Expenses

Speaker(s) Expenses

MPA House of Delegate Expenses

Public Relations:

Photographer

Local Advertising Campaign

Miscellaneous

Annual Dinner/Social Functions

Miscellaneous (salaries, auditing, etc.)

TOTAL

Submitted by: _____ **Date:** _____

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