



2023-24 BUDGET COVER PAGE RETIREE FORM

The APPROVED BUDGET must be filed with the CSEA Statewide* Treasurer **BY NOVEMBER 1, 2023.**
* UNITS file with your LOCAL Treasurer.

LOCAL/UNIT #: _____ LOCAL/UNIT NAME: _____

**COMPLETION OF COVER PAGE IS
MANDATORY**

Refer to the RETIREE FORM BUDGET INSTRUCTIONS for important information to complete the COVER PAGE and SCHEDULE A.	Year-to-date INCOME AND EXPENSES	LAST YEAR'S APPROVED BUDGET	PROPOSED Budget (refer to amounts in columns at left)	CALCULATE and explain significant increases or decreases
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INCOME	CURRENT YTD ACTUAL as of _____ 2023	PRIOR BUDGET 2022-23	APPROVED BUDGET 2023-24	CHANGES APPROVED BUDGET minus PRIOR BUDGET
BANK INTEREST				
COLLECTIONS FOR MEMBER MEETINGS				
CSEA DELEGATE REIMBURSEMENTS				
CSEA DUES REBATES - use worksheet on SCHED (A)				
EXPENSE REIMBURSEMENTS				
COLLECTIONS FOR MEMBER BENEFITS				
COLLECTIONS FOR SOCIAL EVENTS (Gross Income)				
OTHER INCOME - provide detail				
TOTAL INCOME:				

EXPENSES	CURRENT YTD ACTUAL as of _____ 2023	PRIOR BUDGET 2022-23	APPROVED BUDGET 2023-24	CHANGES APPROVED BUDGET minus PRIOR BUDGET
COMMITTEES - provide detail on SCHED (A)				
CSEA RETIREES DELEGATES MEETING				
EXECUTIVE BOARD MEETINGS				
HONORARIUMS - provide detail on SCHED (A)				
MEMBER MEETINGS				
OFFICERS' EXPENSE				
SUPPLIES / POSTAGE / PRINTING				
TELEPHONE / WEBSITE				
MEMBER BENEFITS				
SCHOLARSHIPS				
SOCIAL EVENTS (Gross Expense)				
OTHER EXPENSES - provide detail				
TOTAL EXPENSES:				

TOTAL INCOME minus TOTAL EXPENSES = <i>If negative amount, provide bank account to show available funds</i>		
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Explain: OTHER Income or Expenses, Significant Changes between budget years, Negative amount in Budget Approved Column:

BUDGET COMMITTEE CHAIRPERSON:

SIGNATURE: _____

PRINT NAME: _____

The above 2023-24 BUDGET COVER PAGE together with the attached SCHEDULE (A) has been APPROVED by the Local / Unit Executive Board at a meeting held on _____ (DATE).

Attested by: _____

LOCAL / UNIT SECRETARY'S SIGNATURE



2022-23 FINANCIAL REPORT
 For Fiscal Year Ended: September 30, 2023
 RETIREE FORM

The FINANCIAL REPORT must be filed with the CSEA Statewide* Treasurer **BY JANUARY 1, 2024.**
 *UNITS file with your LOCAL Treasurer.

LOCAL/UNIT #: _____ LOCAL/UNIT NAME: _____ EIN: _____

Refer to the FINANCIAL REPORT INSTRUCTIONS (on reverse side) for guidance to complete this report.

OPENING BALANCE (ALL bank accounts) **AS OF 10/1/2022:** _____
 (Must be the same as CLOSING BALANCE at 9/30/2022 reported on the 2021-22 FINANCIAL REPORT.)

ALL INCOME RECEIVED DURING FISCAL YEAR	BANK INTEREST	
	COLLECTIONS FOR MEMBER MEETINGS	
	CSEA DELEGATE REIMBURSEMENTS	
	CSEA DUES REBATES	
	EXPENSE REIMBURSEMENTS	
	COLLECTIONS FOR MEMBER BENEFITS	
	COLLECTIONS FOR SOCIAL EVENTS (Gross Income)	
	OTHER INCOME - attach detail	
TOTAL INCOME:		

STOP - IF TOTAL INCOME IS MORE THAN \$ 50,000.00 use the 2022-23 FINANCIAL REPORT LONG FORM (available at www.cseany.org. under Officer Resources) to facilitate proper completion of the IRS Form 990-EZ or 990.

ALL EXPENSES INCURRED DURING FISCAL YEAR	COMMITTEES	
	CSEA RETIREES DELEGATES MEETING	
	EXECUTIVE BOARD MEETINGS	
	HONORARIUMS	
	MEMBER MEETINGS	
	OFFICERS' EXPENSE	
	SUPPLIES / POSTAGE / PRINTING	
	TELEPHONE / WEBSITE	
	MEMBER BENEFITS	
	SCHOLARSHIPS	
	SOCIAL EVENTS (Gross Expense)	
OTHER EXPENSES - attach detail		
TOTAL EXPENSES:		

CLOSING BALANCE (ALL bank accounts) **AS OF 9/30/2023:** _____
 (Must equal the OPENING BALANCE plus TOTAL INCOME minus TOTAL EXPENSES.)

IMPORTANT: Attach the reconciled SEPTEMBER 30, 2023 bank statement(s) of all bank accounts to confirm the closing balance reported above. Refer to the instructions provided on the reverse side.

OTHER INCOME / OTHER EXPENSES detail: _____

The above Report prepared by and attested to by: _____ AND _____

LOCAL/UNIT PRESIDENT'S SIGNATURE / DATE LOCAL / UNIT TREASURER'S SIGNATURE / DATE