



One-Percent Annual Accounting Form South Carolina State Firefighters' Association

(Please Print or Type)

Name of Fire Department _____ FDID# _____

County _____ FD Contact Name _____

Contact Daytime Phone _____ E-Mail Address _____

Cash Receipts and Disbursements

For the Calendar Year
January 1 thru December 31, 20____

1. FUNDS ON HAND JANUARY 1, 20____ \$ _____

2. FUNDS RECEIVED:

Firemen's Insurance & Inspection Fund \$ _____

Interest Income \$ _____

Total Funds Received \$ _____

3. FUNDS DISBURSED:

A. Retirement and Insurance \$ _____

B. Training \$ _____

C. Recruitment and Retention \$ _____

Total Funds Disbursed \$ _____

4. FUNDS ON HAND ON DECEMBER 31, 20____ \$ _____

SIGNATURE

TITLE

DATE