

ANNUAL REPORT

Of the _____ Farmers/Womens Institute for the year _____
 Total Membership of Institute _____ Date Annual Meeting Held _____

LIST OF OFFICERS AND DIRECTORS FOR THE COMING YEAR

Position	Name	Address and Postal Code	Telephone
President			
Vice-President			
Secretary			
Treasurer			
Directors		The information on this form is collected under the authority of the <i>Farmers and Womens Institutes Act</i> and will be kept confidential within the provisions of the <i>Freedom of Information and Protection of Privacy Act</i> . If you have any questions about the collection and use of this information, please contact the Superintendent of Farmers Institutes, Ministry of Agriculture, Box 9120 Stn Prov Gov, Victoria BC V8W 9B4.	

MEETINGS HELD DURING REPORT PERIOD

Date	No. In Attendance	Remarks (including speakers, etc.)

Dated at _____ this _____ day of _____, 20____
 _____ email: _____

Secretary

Complete and return as soon as possible following the Institute's year end to:

Farmers Institutes:

Superintendent of Farmers Institutes
 Ministry of Agriculture
 Box 9120 Stn Prov Gov
 Victoria BC V8W 9B4

Womens Institutes:

BC Provincial Women's Institute
 PO Box 36
 Barriere BC V0E 1E0



FINANCIAL STATEMENT

Attached

Of the _____ Farmers/Womens Institute for the year ending _____

RECEIPTS	AMOUNT
Bank and Cash Balance from previous year	
Membership fees	
Government grants	
Interest from Banks and Investments	
Sales -	
Donations received	
Other	
Hall receipts	
Miscellaneous	
Total Receipts (include balance from previous year)	

ASSETS	
Cash on hand and in bank (total receipts less total expenditures)	
Investments	
Inventory on hand	
Properties and buildings value	
Accounts receivable	
Total Assets	

EXPENDITURES	AMOUNT
Expenses for Directors and regular meetings	
Officers' salaries	
Postage and telephone	
Hydro	
Membership dues to other organizations	
Building repairs and maintenance	
Property taxes and insurance	
Purchases -	
Donations to:	
Other	
Bank and audit charges	
Miscellaneous	
Total Expenditures	

LIABILITIES	
Accounts payable	
Total Liabilities	

Audited by (Name) _____ Signature _____
 Examined and found correct this _____ day of _____, 20 _____