



**ZETA PHI BETA SORORITY, INCORPORATED
GREAT LAKES REGION
CHAPTER FINANCIAL REPORT
FISCAL YEAR _____ - _____**

**THIS FORM MUST BE
POSTMARKED BY OCTOBER
31ST OR LATE FEES WILL BE
ASSESSED.**

UNDERGRADUATE CHAPTERS, PLEASE COMPLETE THE FOLLOWING:

CHAPTER NAME: _____
CHAPTER LOCATION: _____
CHAPTER BASILEUS' NAME: _____
BASILEUS' E-MAIL ADDRESS: _____
ADDRESSEE'S NAME: _____
(if residential)
MAILING ADDRESS: _____

COLLEGE/UNIVERSITY NAME: _____
ADVISOR'S NAME: _____
ADVISOR'S TELEPHONE NUMBER: _____
ADVISOR'S E-MAIL ADDRESS: _____
SPONSORING CHAPTER: _____
SPONSORING CHAPTER
BASILEUS' NAME: _____

PLEASE TYPE THIS FORM. LIST THE NAME OF EACH MEMBER FOR WHOM PER CAPITA IS PAID. ATTACH ADDITIONAL FORMS AS NECESSARY.

MAKE SURE TO INCLUDE THE CLASSIFICATION OF EACH MEMBER. THE CLASSIFICATIONS ARE AS FOLLOWS:

G-Graduate GR-Graduate Reclaimed GT-Graduate Transfer NG-New Graduate
UG-Undergraduate UGR-Undergraduate Reclaimed UGT-Undergraduate Transfer NUG-New Undergraduate

CLASS		NAME		ADDRESS					
TYPE	LAST	FIRST	STREET	CITY	STATE	ZIP	TELEPHONE	E-MAIL ADDRESS	

CLASS	FEES			
	CHAPTER TAX	LATE FEE	PER CAPITA	LATE FEE
GRADUATE	\$100.00*	\$5.00	\$20.00	\$5.00
UNDERGRADUATE	\$40.00*	\$5.00	\$15.00	\$3.00

*Special Chapter Tax Assessment – GRADUATE - \$50 and UNDERGRADUATE - \$20

PLEASE REMIT PAYMENT AND TWO (2) COPIES TO:
Soror LaDonna Randle
Regional Tamias-Grammateus
P.O. Box 5002
Chicago, IL 60680-5002
Make checks/money orders payable to Zeta Phi Beta Sorority, Incorporated, Great Lakes Region

CHAPTER TAX PAID \$	PER CAPITA NUMBER #	AMOUNT \$	SUBTOTAL \$	TOTAL \$
LATE FEE (TAX) \$	LATE FEE PER CAPITA #	AMOUNT \$	SUBTOTAL \$	

SUBMITTED BY: _____
NAME AND TITLE
TELEPHONE _____ DATE _____
E-MAIL ADDRESS _____

FOR OFFICIAL USE ONLY	
DATE:	TYPE:
RECEIVED BY:	NUMBER: