

District Convention

Satellite Museum Update

Covering the last completed DUP Fiscal Year June 1, through May 31



Convention Date: _____ Name of Company: _____ State/Province: _____

Type of Museum: (building, cabin, artifact collection, other) _____

Name of Museum (if applicable): _____

Museum is the responsibility of (check one): company camp (list name) _____

For this DUP museum, building cabin or site: owns, leases, or has a MOU (Memorandum of Understanding)

This Satellite Museum Update is a financial summary given at the district general meeting when companies or camps have involvement with a museum, cabin, or cemetery, and account for those funds separately from their company or camp funds either by having a separate bank account or keeping a separate ledger.

This is NOT a convention to convention accounting but rather covers data from the last filed Satellite Museum Annual Financial Review submitted (when applicable) to the ISDUP Treasurer by June 30 each year. It provides an accounting to the company of museum funds for the most recently completed fiscal year. A copy of this Update should be filed with your company records. **Do not send a copy to ISDUP since it reflects the same totals already shown on the Satellite Museum Annual Financial Review and filed at ISDUP.**

Please be brief in your reporting (1-2 minutes).

Review of Account:

(These figures should exactly match those on your last filed Satellite Museum Annual Financial Review.)

Sources of Revenue		Summary of Expenses	
Assessment Fee:	\$ _____	Liability Insurance:	\$ _____
Donations:	\$ _____	Utilities: (lights, heat, etc.)	\$ _____
Gifts Received:	\$ _____	Maintenance: (lawn, snow removal, repairs, etc.)	\$ _____
Fundraisers: (list below)		Supplies:	\$ _____
_____	\$ _____	Grant Match:	\$ _____
_____	\$ _____	Lease/Rent:	\$ _____
_____	\$ _____	Miscellaneous: (list below)	
Gift Shop:	\$ _____	_____	\$ _____
Other:	\$ _____	_____	\$ _____
Total Revenue:	\$ _____	Total Expenses:	\$ _____

Beginning Balance – Checking and Savings (if applicable)	\$* _____
Total Sources of Revenue (add to balance)	\$ _____
Subtotal	\$ _____
Total Expenses (subtract from subtotal)	\$ _____
Ending Balance – Checking and Savings (if applicable)	\$ _____

*(*Same as ending balance of last year’s Satellite Museum Annual Financial Review.)*