UNIT FUND FINANCIAL STATEMENT/PERSONNEL STRENGTH REPORT

(PARA 3-23, AR 215-1)

Period Ending

FROM:	TO: FUND MANAGER Installation Morale, Welfare, Recreation Fund-FMD Bldg 1001, Rm W217 Fort Hood, Texas 76544-5056

I. Net Worth Beginning of Month/Quarter: $_____

Add:

Dividend Allocation for Month(s) of:

_____ $ _____

_____ $ _____

other: _____ $ _____

_____ $ _____

Total Receipts Transferred to Unit Account $_____

Less:

Expenditures:

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

Total Expenditures of Unit Account $_____

Net Worth End of Month/Quarter $_____

II. Total Amount of Purchases obligated But Not Expended $_____

_____ $ _____

_____ $ _____

_____ $ _____

III. Personnel Strength Report

A. Average Monthly Strength Figures $_____

B. Dividend Allocation Due (Line 1 X) $_____

Typed Name of Unit Fund Officer	Signature

Amount Dividend Transfered by IMWRF	Date Transferred	Check Number	Date of Check	Amount

Typed Name of Fund Manager, IMWRF	Signature

FHT FORM FEB 94 **215-X19** **(DCA) REPLACES FH FORM 59 WHICH IS OBSOLETE**