



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

QUARTERLY BOARD REPORT

DISTRICT: _____

Date _____

District Meetings (include locations and number of members attending) since last Quarterly Board Report:

Date	Location	Total # of attendees	# Full Member Attendees	% of attendees *	% of Full Members **	# Supporting Members

* # Full members/# attendees

** # Full member attendees/Full + Associate members

Treasurer's Report (Include beginning and ending balance, and description of deposits and expenditures) as of _____.

Beginning Balance (ending balance from last board meeting)	
Ending balance (as of previous month)	

Description of Deposits	
Description of Expenditures	

Current # of Members:

Full	Associate	Life	Student/Educators	Supporting

Educational programs at District Meetings (Topic, speaker, length of presentation, and number of CEUs):

Date	Topic(s)	Speaker(s)	Length of Presentation	Number of CEUs

Training Hours

Month	Total Hours Available to Full Members	Hours received by Full Members

Additional information of interest:

Respectfully submitted,

This report to be completed by District President and submitted to the State Secretary at each State Board of Directors' meeting.

Note: Attach a second sheet if necessary, to include any additional pertinent information.