



COMMAND FINANCIAL SPECIALIST

QUARTERLY REPORT



Name: _____ Command: _____

Command Address: _____

1. Date	Name of Training Held
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Number of training participants:

E-1 ____ E-2 ____ E-3 ____ E-4 ____ E-5 ____ E-6 ____ E-7 ____
 E-8 ____ E-9 ____ O-1 ____ O-2 ____ O-3 ____ O-4 ____ O-5 ____
 O-6 ____ O-7 ____ O-8 ____ O-9 ____ Family Members ____

3. Number of one-on-one counseling sessions conducted:

E-1 ____ E-2 ____ E-3 ____ E-4 ____ E-5 ____ E-6 ____ E-7 ____
 E-8 ____ E-9 ____ O-1 ____ O-2 ____ O-3 ____ O-4 ____ O-5 ____
 O-6 ____ O-7 ____ O-8 ____ O-9 ____ Family Members ____

4. Number of referrals made:

_____ FFSC	_____ NMCRS	_____ TRICARE
_____ Debt Management	_____ Housing	_____ Other

5. Areas of assistance provided:

_____ Military Pay & Allowances	_____ Credit/Debt Management
_____ Checking Accounts/ATM's	_____ Insurance
_____ Consumer Issues	_____ LOI
_____ Budgeting/Money Management	_____ Bankruptcy/Garnishment
_____ Saving and Investing	_____ Predeployment Financial Management
_____ TSP	_____ PCS/Money and the Move
_____ Military Retirement Plan	_____ Compulsive Gambling
_____ Car Buying/Selling	_____ Overseas Budgeting Issues/TLA
	_____ Other