

# COMMAND FINANCIAL SPECIALIST (CFS)

## QUARTERLY ACTIVITY REPORT

### TRAININGS/BRIEFS:

Date	Name of Training	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 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  
\_\_\_\_ W-1, \_\_\_\_ W-2, \_\_\_\_ W-3, \_\_\_\_ W-4, \_\_\_\_ W-5 \_\_\_\_ Family Members

### 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  
\_\_\_\_ W-1, \_\_\_\_ W-2, \_\_\_\_ W-3, \_\_\_\_ W-4, \_\_\_\_ W-5 \_\_\_\_ Family Members

### NUMBER OF REFERRALS MADE:

\_\_\_\_ FFSC, \_\_\_\_ NMCRS, \_\_\_\_ TRICARE, \_\_\_\_ Debt Management, \_\_\_\_ Housing, \_\_\_\_ Other

### AREAS OF ASSISTANCE PROVIDED:

\_\_\_\_ Military Pay and Allowances, \_\_\_\_ Checking/ATM, \_\_\_\_ Consumer Issues,  
\_\_\_\_ Budgets/Money Mgmt., \_\_\_\_ Saving and Investing, \_\_\_\_ TSP/BRS,  
\_\_\_\_ Military Retirement Planning, \_\_\_\_ Car Buying/Selling, \_\_\_\_ Credit/Debt,  
\_\_\_\_ Letters of Indebtness or Letter of Intent, \_\_\_\_ Insurance, \_\_\_\_ Predatory Lending,  
\_\_\_\_ Pre-deployment Financial Mgmt., \_\_\_\_ Bankruptcy, \_\_\_\_ PCS/Money and the Move  
\_\_\_\_ Overseas Screening/Budgeting Issues, \_\_\_\_ Gambling, \_\_\_\_ Other ( \_\_\_\_\_ )

CFS Name: \_\_\_\_\_ Quarter: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Command: \_\_\_\_\_ Installation: \_\_\_\_\_

CFS Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

