

APPENDIX F

CLUB ACCOUNTING FORMS

CHECK REQUEST FORM

*All requests for checks **must be accompanied by bills or invoices.***

NAME: _____ DATE: _____

ITEMS PURCHASED

Quantity	Description	Amount	Price
Total			

Reason for purchase: _____

Make check payable to: _____

In the amount of \$ _____

Send check to: _____

Signature: _____

Approved by: _____
 (signature of appropriate club officer required)

<p>For Club Use</p> <p>Received _____ Date Paid _____ Check Number _____</p>

APPENDIX F

REFUND REQUEST FORM

NAME: _____ DATE: _____

Original Payment		
Check # _____	Amount \$ _____	Date Rec'd _____
Reason for payment:		
_____	@ \$ _____	
_____	@ \$ _____	
_____	@ \$ _____	
_____	@ \$ _____	

Amount to be refunded \$ _____

Reason for refund: _____

Make check payable to: _____

Send check to: _____

Signature: _____

Approved by: _____ (signature of appropriate club officer required) (date)

For Club Use		
Received _____	Date Paid _____	Check Number _____

APPENDIX F

EXPENSE FORM

*All requests for reimbursement of expenses **must be accompanied by receipts**.
This applies to tolls, parking, meals, copies, etc. This is an IRS requirement for non-profit organizations.*

NAME: _____ **DATE:** _____

I request reimbursement for amounts expended by me as _____
(volunteer position)
 in connection with _____ on _____.
(event/activity) (date)

1. TRAVEL

a. Mileage: _____ @ \$.405 per mile \$ _____

b. Tickets: Airline, Bus, Train (Receipts must be attached) \$ _____

c. Parking, Tolls, etc. (Receipts must be attached) \$ _____

2. MEALS (Receipts must be attached) \$ _____

3. HOTEL (Receipts must be attached) \$ _____

4. POSTAGE (Receipts must be attached) \$ _____

5. TELEPHONE (Marked monthly bill copies must be attached) \$ _____

6. PRINTING/PHOTOCOPIES (Invoice must be attached) \$ _____

7. OTHER (Explain) _____ \$ _____

TOTAL EXPENSES \$ _____

Signature: _____

Send check to: _____

Approved by: _____
(Signature of appropriate club officer required) (date)

For Club Use		
Received _____	Date Paid _____	Check Number _____

APPENDIX F

REFUND REQUEST FORM

NAME: _____ DATE: _____

Original Payment		
Check # _____	Amount \$ _____	Date Rec'd _____
Reason for payment:		
_____	@ \$ _____	
_____	@ \$ _____	
_____	@ \$ _____	
_____	@ \$ _____	

Amount to be refunded \$ _____

Reason for refund: _____

Make check payable to: _____

Send check to: _____

Signature: _____

Approved by: _____ (signature of appropriate club Officer required) (date)

For Club Use		
Received _____	Date Paid _____	Check Number _____