Specimen IV (a)

Cash Receipt Journal

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  | 300 | 310 | 320 | 330 | 340 | 350 | 360 | 370 |
| Date | Account #/  Description. | Total | Local  Dues | Agency  Fee | Interest-Savings  Acct. | Assess-ments | Donations | Income from Dinners | Strength  Locals | Misc. |
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Specimen IV (b)

Cash Disbursement Journal

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Check # | Payee | Office Maint. | Admin.  Salaries | Negotia-tions | Contract  Enforce. | Legislative | PR &  Membership | I.P.D. | Convention  Workshop | Social Activities | Gifts | Misc. |
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Specimen IV (c)

# Expense Voucher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Association Voucher No**. 1**

**2** \_ **3** \_

Date Check No. Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Explanation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **5**

Approved for Payment Received by (Payee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer

**(Attach to Receipt/Invoice)**

## Expense Distribution

|  |  |  |
| --- | --- | --- |
| **Acct. No.** | **Expense Classification** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 410 | Office Maintenance | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 420 | Administration Salaries, Expenses & Taxes | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 430 | Negotiations | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 440 | Professional Rights & Responsibilities | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 450 | Legislative | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 460 | Public Relations – Membership | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 470 | Instructional/Prof. Development | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 480 | Contributions | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 490 | Miscellaneous | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Sub-Classification Account

Office Maintenance

Budget vs. Actual Specimen lV (d)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | **Rent** | **Phone** | **Utilities** | **Supplies** | **Postage** | **Equip.** | **Subscript.**  **Fees/dues** | **Insurance** | **Other** | **Total** | **Budget** |
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**Cash Disbursement Detail** Specimen IV (e)

(For current fiscal year)

Breakdown by Major Account

**Budget Actual**

**Expenditures** (for current fiscal year)

**Office Maintenance**

Rent $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriptions – Fees – Dues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $ \_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administration, Salary Expenses & Taxes**

Officer and Committee Chairman Salaries $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretarial Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Unemployment Tax (Employer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Contributions (Employer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $ \_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Negotiations**

Committee Member Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fact-Finder Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $ \_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Rights & Responsibilities**

Committee Member Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal – Arbitration Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PR&R Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $ \_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legislative**

Committee Member Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Dinner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legislative Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $ \_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grand Total**  **$ \_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specimen IV (f)

#### PETTY CASH VOUCHER

Voucher #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:

\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Attach receipt if available.

Specimen IV (g)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education Association**

**Bank Reconciliation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_**

Bank Statement Balance $\_ 1 \_ Checkbook Balance $ 2 \_

Plus: Deposits in Transit Plus: Corrections

$ 3 \_ Description Amount

$\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ $ 4 \_

Total Deposits in Transit $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 5 \_

Subtotal $\_\_\_\_\_\_\_\_ Total Additions $\_\_\_\_\_\_\_

Subtotal $\_\_\_\_\_\_\_

Less: Outstanding Checks

Number Amount Less: Service Charge & Corrections

\_\_\_\_\_\_\_ $ 7 \_ Description Amount

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ $ 6 \_

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_8\_\_

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Total Outstanding Checks $ \_\_\_\_\_\_\_\_\_\_\_ Total Deductions $ \_\_\_\_\_\_\_\_\_\_

Adjusted Bank Statement Adjusted Checkbook

Balance $ \_\_\_\_\_\_\_\_\_\_\_\_ Balance $ \_\_\_\_\_\_\_\_\_\_

9

These Amounts Must Agree

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| **Specimen IV (h)** |  |  |  |  |  |
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|  | | | | | |
| **Mileage Log** | | | | | |
|  |  |  |  |  |  |
| **Employee Name:** |  |  |  |  |  |
| **SS # or Employee #:** |  |  |  |  |  |
| **Period Covered:** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Date (mm/dd/yy)** | **Department** | **Project/Description** | **Starting Mileage** | **Ending Mileage** | **Miles Traveled** |
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Specimen IV ( i )

**Travel Expense Voucher**

**Request for Payment**

Name of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Request: Reimbursement \_\_\_\_\_\_\_\_\_ or Travel Advance \_\_\_\_\_\_\_\_\_

(Check One)

Description (destination, purpose of travel, explanation of amount of travel advance):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| (mm/dd/yy) |  |  |  |  |  |  |  |
| Breakfast |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |  |
| Business Meal \* |  |  |  |  |  |  |  |
| Airfare |  |  |  |  |  |  |  |
| Hotel |  |  |  |  |  |  |  |
| Taxi/Shuttle |  |  |  |  |  |  |  |
| Auto Rental |  |  |  |  |  |  |  |
| Mileage \*\* |  |  |  |  |  |  |  |
| Parking |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |
| Tips |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

* Requires explanation of business purpose of meal and participants.\*
* As of June 2006, allowable rate is 44.5 cents per mile for business miles driven. Refer to www.IRS.gov for up-to-date allowable mileage reimbursement. \*\*
* Attach applicable receipts.

Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept & Acct #: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# or Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_