

# **H.B Whitehorne Middle School & Community Association Treasury Information**

## **Reimbursements**

All receipts must be turned in on a timely fashion. After the event all expense receipts must be turned within 2 weeks. If for some reason you are holding onto receipts, you must contact the Treasurer, so we can discuss why receipts are being held. Please keep in mind that our account is balanced monthly and the receipts need to be filed accordingly. All refunds must include a proper receipt with your name, phone number and the event name written on the receipt. Please return all itemized receipts in an envelope addressed to the treasurer in the SCA mailbox. Please keep copies for your records.

## **Check Requests**

If you should require a check for your event, please email Peggy Kenrick at [peggykenrick@gmail.com](mailto:peggykenrick@gmail.com) at least 3 to 5 days prior to the event. Complete the reimbursement/advance form (receipts will need to be provided).

## **Deposits**

Please utilize the attached deposit summary and cash & check forms. Please make sure that the cash is counted and sorted neatly by denomination. DO NOT send cash via the SCA mailbox! Please check all checks for signature, dates, properly made out to HBW SCA and readability. If anything noted is wrong with the check, please contact the person to complete or correct the check before you submit it to be deposited. We also have found that checks not deposited within a few weeks have a higher frequency of bouncing at the bank.

## **Forms attached**

Deposit Summary form

Check deposit form

cash deposit form

Reimbursement/advance form

# H.B. Whitehorne Middle School SCA Deposit Summary

Event Name/Reason for Deposit: \_\_\_\_\_

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

**Bills: \*\*\* (please make sure all bills are in the same direction and clipped neatly by denomination.)**

# of \$ 100's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 50's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 20's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 10's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 5's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 1's \_\_\_\_\_ = \$ \_\_\_\_\_

**Checks:**

# of checks \* \_\_\_\_\_ = \$ \_\_\_\_\_

(\* Please list check #, Name & Amount of each check on separate sheet and attached to this form.)

**Coins:**

# of .25¢'s \_\_\_\_\_ = \$ \_\_\_\_\_

# of .10¢'s \_\_\_\_\_ = \$ \_\_\_\_\_

# of .05¢'s \_\_\_\_\_ = \$ \_\_\_\_\_

# of .01¢'s \_\_\_\_\_ = \$ \_\_\_\_\_

**Total Cash Deposit:** \$ \_\_\_\_\_

**Total Checks in Deposit:** \$ \_\_\_\_\_

**Total Deposit:** \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_





## **H.B. Whitehorne SCA Reimbursement/Advance Form**

All receipts which will require reimbursements should be forwarded to the SCA Treasurer within two weeks of the event for which the transaction occurred. Please fill out this form completely with proper receipts. Return to: Peggy Kenrick (61 Elmwood Road, Verona). If you have any question, please call Peggy at 732-433-8747 or email at [peggykenrick@gmail.com](mailto:peggykenrick@gmail.com)

### **Reimbursements**

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

Event/purpose for purchase:

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Amount of reimbursement: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Check Paid to: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

***Please attach all receipts for reimbursement to this form.***