Transmittal Form Example

TRANSMITTAL OF CHECKS OR CASH

| School or Site: | | Date: | |
|---------------------------------|------------------|----------------------|--------------|
| ☐ Check(s) Amount: \$ | Check Number(s): | _ | Amount: \$ |
| Check(s) or Cash received from: | | | |
| Reimbursement PO(s)# | □D | nation \square Oth | er |
| Field Trip(s), Invoice(s) #, et | c | | |
| Intended Use: | | | |
| From Account & To Account: | | | |
| Contact Person | Signatur | of School or Site Ad | Iministrator |

Event Budget Proposal

| EVENT Budget Proposal | | | | | |
|-------------------------------------|---------------|---------------------------------------------------------------------------|----|--|--|
| (School Sports Related) | | | | | |
| Ор | erated by D | Pistrict Coach(es) | | | |
| | | | | | |
| Name of Organization | | | | | |
| Sport/Activity | | | | | |
| Facility Requested | | | | | |
| Dates and Hours of Facility Use | | | | | |
| Anticipated Income: | | Estimated Expenditures: | | | |
| Fees Per person | \$ | Spirit packs | \$ | | |
| Number of participants | | Supplies | | | |
| Donations | | Food | | | |
| Other | | Custodial Cost \$36 per hour | | | |
| | | Salaries (provide names and amount) | | | |
| Total Anticipated Income: | | N/A | | | |
| | | | | | |
| | | Donations being made to school, sports team, District program | | | |
| | | Facility Cost (verify with Facilities) | | | |
| Total Estimated Income: | | Total Estimated Expenses: | | | |
| | | | | | |
| | facility appl | tached to this budget proposal as w ication at least three weeks prior to | | | |
| | | | | | |
| To be filled out by Facilities only | | | | | |
| • | | | | | |
| Date Submitted: | | | | | |

Athletic Boosters Budget Proposal

| Ath | letic E | Booster's |
|-------------------------|----------|----------------------------|
| (Year |) Budg | get Proposal |
| | (sport | name) |
| | <u> </u> | |
| | \$ | Estimated Expenditures: |
| Team Generated Income: | | Reoccurring Expenses: |
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| Team Fundraisers: | | Team Budgets Expenses: |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Estimated Income: | | Total Estimated Expenses: |
| | | Total Estillated Expenses. |
| | | |
| | | |
| | | |
| Date Submitted: | | |
| Date Approved: | | |

Athletic Boosters Tournament Budget Proposal

| | • • | |
|------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | • • • • • • • • • • • • • • • • • • • • | |
| perated by | y District Coach(es) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | - | |
| \$ | | \$ |
| | | |
| | · · · | |
| | Custodial Cost \$36 per hour | |
| | Stipends (provide names and amount) | |
| | N/A | |
| | | |
| | | |
| | Custodial Supplies (reimburse to site) | |
| | Application Fee | |
| | Donation to School | |
| | | |
| | Facility Cost (verify with Facilities) | |
| | | |
| | • | |
| eeds to be | attached to this budget proposal as w | ell as a |
| | <u> </u> | |
| Date | Signature of Principal | Date |
| | | |
| | | |
| | To be filled out by Principal | |
| | 1 | |
| | | |
| | | |
| | Budget Code: | I |
| | s Related | Camp Supplies Food for participants Custodial Cost \$36 per hour Stipends (provide names and amount) N/A Custodial Supplies (reimburse to site) Application Fee Donation to School Facility Cost (verify with Facilities) Total Estimated Expenses: eeds to be attached to this budget proposal as w Date Signature of Principal To be filled out by Principal |

| Athletic Boosters Bank Reconciliation Form | | | | | |
|-------------------------------------------------------------|---------------------------------|--------------------------|--|--|--|
| BOOSTER BANK RE | CONCILIATION FORM | | | | |
| SCHOOL | | | | | |
| | | | | | |
| STATEMENT ENDING DATE | | | | | |
| Ending balance per bank statement: | | \$ | | | |
| Deposits made, but not yet shown on statement: | | \$ | | | |
| | | | | | |
| | | | | | |
| | Sub-total | \$ | | | |
| | Check Number | Amount | | | |
| Checks written, but not yet shown on statement: | Check Number | Amount | | | |
| errouse without you errow in our exactine in. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Sub-total | \$ | | | |
| | *BALANCE | \$ | | | |
| | | | | | |
| Signature of Preparer | | | | | |
| (Must not be person collecting or making deposits) | Booster Treasurer | Date | | | |
| | | | | | |
| *Balance must be the same amount that appears on yo | ur general ledger and check bo | ook resister | | | |
| for the same ending date as the bank statement ending | date. | | | | |
| This form is to be completed monthly and put into your bin | der with your bank statement. | | | | |
| A conv of both the Bank Statement and this Bank Reconciliat | ion form are to be reported mon | thly at Poostor mootings | | | |

Athletic Boosters Cash Reconciliation Form

| | | | | | | | | | Box 1 of | |
|------------------|-------|-----------------|-----------|---------|-------------|------------|------|---------|----------|----|
| | | | | BOOS | ΓER CLU | J B | | | | |
| | | | CASH 1 | RECON | CILIATI | ON | FOF | RM | | |
| | | | | | | | | | | |
| DATE: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ACTIVI | ΓΥ FU | INDS RECEI | IVED FROM | 1: | | | | | | |
| DESCR | IPTIC | ON OF FUND | RAISING E | EVENT) | | | | | | |
| | | | | | | | | | | |
| A CTIVI | rv sp | ONSORED I | RV• | | | | | | | |
| (CLUB, | | | U1. | | | | | | | |
| (220) | ~D | ~, (| | | | | | | | |
| SIGNAT | URE (| OF TICKET | SELLER/ | | | | | | | |
| FIRST C | | | | | | | | | | |
| | | OF ADMINI | STRATOR/ | | | | | | | |
| SECONI | COU | JNTER | | | | | | | | |
| | | | | | | | | | | |
| | | COIN | | | | | | CURRI | ENCY | |
| \$ 0.01 | X | | = | | | \$1 | X | | = | |
| \$ 0.05 | X | | = | | | \$5 | X | | = | |
| \$ 0.10 | X | | = | | \$ | 10 | X | | = | |
| \$ 0.25 | X | | = | | | 20 | X | | = | |
| \$ 0.50 | X | | = | | | 50 | X | | = | |
| \$ 1.00 | X | | = | | \$10 | | X | | = | |
| | | | | | - | \$2 | X | | = | |
| | | TOTAL I | Φ. | | | | | TOTAL | Φ. | |
| | | TOTAL | \$ | | | | | TOTAL | \$ | |
| | | | | | | | | | | |
| | | | | | | | CI | RRENCY | | |
| | REGI | INNING CAS | SH ROX | | | | CO | KKEILI | | |
| | \$ | L II III IO CAL | \$10 | | | | | COIN | | |
| | \$ | | \$5 | | | | | 3321 | | |
| | \$ | | \$1 | | | | | CHECKS | | |
| | \$ | | \$0.25 | please | put student | nan | | | | |
| | \$ | \$ | TOTAL | | OTAL FU | | | | | |
| | | | | | | | | | | |
| | | | | | LESS B | EGI | INNI | NG CASH | | \$ |
| INITIAL | | INITIAL | | | | | | | | |
| Student Accts | | Cashier | NET I | DEPOSIT | TO STU | DEN | TAC | COUNTS | | |

Athletic Boosters Ticket Sales Report

| | | | | Box 1 of |
|-------------|-------------|----------------------|---------|--------------------------|
| | | TICKE | T SALE | S REPORT |
| | | H | IGH SC | HOOL |
| DATE: | | | | ΓICKET SELLER |
| DATE: | | | | HCKEI SELLER |
| EVENT: | | | | |
| ADULT | \$ | TICKET | | ENDING # |
| | | COLOR | | BEGINNING # |
| | | | INITIAL | # TICKETS SOLD |
| | | | | X |
| | | | | TOTAL ADULT SALES = \$ |
| STUDENT | \$ | TICKET | | ENDING # |
| | | COLOR | | BEGINNING # |
| | | | INITIAL | # TICKETS SOLD |
| | | | | X |
| | | | | TOTAL STUDENT SALES = \$ |
| SENIOR | \$ | TICKET | | ENDING # |
| (55+) | | COLOR | | BEGINNING # |
| | | | INITIAL | # TICKETS SOLD |
| | | | | X |
| 20 ENEDY | , DAGG | | | TOTAL SENIOR SALES = \$ |
| 20-ENTRY | | nount in ticket sale | \$ | |
| | | JDENT NAME* | 5 | TOTAL TICKET SALES |
| No. Sold | Total Sales | | | |
| | \$ | | | NET PROCEEDS FROM |
| Student Nar | ne | | | CASH RECONCILIATION |
| | | | | FORM |
| | | | | CASH SHORT / OVER \$ |
| | | | INITIAL | |
| | | | | |

Athletic Boosters Check Request Form

Booster Club Check Request Form

| Today's Date: | |
|--------------------------|---------------------------|
| Person Requesting Check: | |
| Check Payable To: | |
| Sports Organization: | |
| Purpose of Check: | |
| | |
| | |
| Amount of Check: | |
| | BE ATTACHED TO THIS FORM) |
| BOARD ACTION | |
| Date Reviewed: | Approved: YES NO |
| President: | (circle) |
| Secretary: | |
| | |
| PAYMENT | |
| Date Paid: | |
| Check Number: | |
| Treasurer: | |

Athletic Boosters In Lieu of Receipt Form

In Lieu of Receipt Form

| SCHOOL: | | |
|------------------------------------------------------------------------------------|---------------------------------|----------------------|
| The following expenditure was made from Bo back-up documentation is not available. | oster funds. A receipt, invoice | e or other required |
| Check Payable To: | | |
| Date payment was made: | | |
| Amount of payment: | | |
| Purpose of expenditure | | |
| Purpose of expenditure: | | |
| | | |
| | | |
| | | |
| Reason back-up documentation could not be | obtained: | |
| | | |
| | | |
| | | |
| | | |
| I certify that this expenditure was made for the | • | hat every effort was |
| made to obtain the required back-up docume | illaliUII. | |
| President of Booster Club (Signature) | (print name) | Date |