

LIST RECEIPT

FORM B

Date Received _____

Purpose _____

RECEIVED FROM	AMOUNT RECEIVED
TOTAL	

_____ **Teacher's Signature**

_____ **Bookkeeper's Signature**

**To be used only when receipts from students are less than (\$10.00) ten dollars. A new sheet should be used for each day money is collected.*

COLLECTION REPORT

FORM C

Teacher _____

Date _____

ACCOUNT	ACCOUNT NUMBER	AMOUNT
TOTAL		

Receipt Numbers _____ thru _____

Voided Receipt # (if applicable) _____

Compilation: Currency \$ _____

Coins _____

Checks _____

Total (as above) _____

Prepared by: _____

Received by: _____ (Bookkeeper) Date: _____

SchoolFunds Receipt Number: _____

ROCKINGHAM COUNTY SCHOOLS RETURNED CHECK LOG

School_____

School Year_____

DATE	REFERENCE NUMBER	NAME OF PAYER	DATE OF ORIGINAL DEPOSIT	REASON FOR RETURN	CHECK NUMBER	DEBIT (RET CK)	CREDIT RE-DEPOSIT OR WRITE-OFF	BALANCE

CHECK REQUEST

Date: _____

Amount of Check: _____

Check Payable to: _____

Purpose of Expenditure: _____

Charge **Account Code**: _____

Receipt (s) Attached

Check Requested By: _____

Principal's Approval: _____

Date Paid: _____

Check Number: _____

Please acknowledge that you have received the above check:

Recipient Signature

Dear Payee:

Our records indicate you have not presented for payment check issued to you:

Check:
Date:
Amount:

We are calling this matter to your attention so that, if you have the check, you will immediately cash it in order to clear our records.

If the check has been lost or you failed to receive it, we will appreciate you completing the information below and returning this letter to us. If a replacement check is in order, we will be glad to forward one to you.

Sincerely,

STATE OF _____

(AFFIDAVIT)

COUNTY OF _____

In consideration of the issuance of the replacement warrant (s) by the State of North Carolina, I, the undersigned, am held and firmly bound unto the State of North Carolina in the sum of)_____Dollars (an amount equal to the sum of the warrant (s) involved herein), to be paid to the State of North Carolina, to the payment whereof, well and truly to be made. I bind myself and each of my heirs, executors and administrators, firmly by these presents, so that if I, my heirs, executors or administrators, shall at all times save harmless and keep indemnified the State of North Carolina against any claim, demand, loss or expense of any character, and against all loss and damages whatever that shall or may result at any time of the State of North Carolina, or any agency thereof, arising out of and by reason of the issuance to the undersigned of the duplicate warrant (s) in replacement of the warrant (s) herein above described, then this obligation to be void and of no effect, otherwise to be and remain in full force and effect.

WITNESS my hand and seal this _____ day of _____, 20_____.

Social Security Number

Payee's Signature (SEAL)

Address: _____

Section below to be completed by notary

Subscribed and sworn before me, this the _____ day of _____, 20_____.

(SEAL)

Notary Public

My Commission expires: _____

**ATHLETIC OFFICIAL
CHECK REQUEST/RECEIPT OF CHECK**

Game _____

Date of Game _____

_____ vs. _____

Name (please print) _____

Complete Address _____

Social Security Number _____

Check Amount _____ Check Number _____ Date Paid _____

Principal's Approval _____

I have received payment for the above service performed.

Signature _____

ESCHEATABLE CHECK (S) FORM

TO: **Finance Department**

Date: _____

From: _____ **(Bookkeeper)**

School: _____

We have made every attempt to get the payee(s) to cash the checks listed below. These attempts have failed; consequently, we have voided and escheated this (these) checks (s). All information below applies to the original check (s).

Attached is check number _____ made payable to the Rockingham County Board of Education in the amount of \$_____ to cover all escheated checks at this time.

Approved by: _____, Principal

Check #:	Check #:	Check #:
Check Date:	Check Date:	Check Date:
Check Amount:	Check Amount:	Check Amount:
Bank:	Bank:	Bank:
Bank Acct. #:	Bank Acct. #:	Bank Acct. #:
Payee's Name:	Payee's Name:	Payee's Name:
Payee's Address:	Payee's Address:	Payee's Address:

REQUEST FOR FUNDRAISING ACTIVITY
Rockingham County Schools

Submit a copy of request at least two weeks prior to the beginning of the project. As soon as possible upon completion of the project, the Summary of Fundraising Activity form should be submitted.

Type of Fundraiser _____

Sponsor _____

Fund/Club _____

Dates of Activity: From _____ to _____

Purpose of Fundraiser _____

Goods for sale _____

Selling Price _____

Vendor _____

I understand that receipts must be turned in daily. Also, I will complete the Summary of Fundraising Activity form as soon as possible upon completion of the activity.

Sponsor

Date

Approved:	
_____ Principal	_____ Date

Note to bookkeeper: Please keep an approved copy of this form and the summary of fundraising activity form with the attached receipt history report and invoice copies on file. This information should be turned in with the school's books for the year-end audit.

Revised 8/01/2007

SUMMARY OF FUNDRAISING ACTIVITY
Rockingham County Schools

To be completed as soon as possible upon completion of the project.

Type of Fundraiser _____

Sponsor _____

Fund/Club _____

Dates of Activity: From _____ to _____

Total of All Receipts from Sale: _____
(Attach SchoolFunds receipt history report to confirm this total)

Total Cost of Items Purchased for Resale: _____
(Attach itemized invoice copies to support this total)

Gross Profit on Sales: _____

Less: Lost, Damaged Merchandise _____

Less: Merchandise Held by Students _____

Less: Prizes Awarded _____

Sales Tax on Receipts _____

Net Profit: _____

Account Credited _____

Sponsor

Date

Approved:	
_____ Principal	_____ Date

Note to bookkeeper: Please keep copies of this form with the attached receipt history report, invoice copies and an approved request for fund raising activity form on file. They should be submitted with the school's books for the year-end audit.

EVENT PROFIT/(LOSS) STATEMENT

Event _____ Date _____

Deposits:

Date	Amount
_____	_____
_____	_____
_____	_____

Total Deposits: _____

Less Change: (subtract) _____

Expenditures:

Vendor or Items Purchased	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenditures: (subtract) _____

Profit or (Loss): _____

Preparer _____

Principal _____

TICKET RECONCILIATION FORM

Event _____

Date _____

Visiting Team _____

Pre-Game Tickets Sold:

Last Ticket Number _____

First Ticket Number _____

TOTAL TICKETS SOLD _____ @ _____ = _____

Regular Gate Tickets Sold:

Last Ticket Number _____

First Ticket Number _____

TOTAL TICKETS SOLD _____ @ _____ = _____

Discount Gate Tickets Sold:

_____ Last Ticket Number _____

First Ticket Number _____

TOTAL TICKETS SOLD _____ @ _____ = _____

Amount Received for Change

\$ _____ Currency

\$ _____ Coins

\$ _____ Total Change

TOTAL TICKET SALES _____

TOTAL GATE RECEIPTS (including change) _____

LESS CHANGE ADVANCED (_____)

TOTAL EVENT RECEIPTS _____

Seller or Preparer

Athletic Director or Principal

Bookkeeper

Total Deposited _____ Date of Deposit _____ Discrepancy _____

LOG OF SCHOOL PURCHASE ORDERS

_____ SCHOOL

PO#	Date Issued	Description	Total	Acct. Number	Check Number	Date Paid

VERIFICATION OF FUNDS

Date: _____

Covering Receipt Numbers _____ thru _____

*Total of Bookkeeper's Receipts \$ _____

 Total Cash \$ _____

 Total Checks \$ _____

*Total of ALL Undeposited Receipts \$ _____

*The total of the bookkeeper's receipts must equal the total of all undeposited receipts.

NOTE: Cash receipts by the school bookkeeper are deposited on the last day of each week, the last business day of each month, and any other day that receipts exceed \$50.00.

The undeposited receipts in the amount of \$ _____ will be adequately safeguarded until a bank deposit is made.

Bookkeeper Signature: _____

Principal's Signature: _____

RCS SUBSTITUTE PAYROLL SUMMARY FORM

SCHOOL _____

MONTH _____

Employee Name	Type of Service	Soc. Security Number	Amt. of Payment	FICA	Retire	Total
Substitute Name	Teacher Name/Date	Substitute SS#	Sub rate x days	X0.765%	None	Pay plus FICA%

CHECK NUMBER _____

TOTAL _____

Principal Signature

Request for Writing Off Returned Check

We request permission to write off a check written to our school that we have determined to be uncollectible. Below are contacts made attempting to collect these funds.

Check # _____ Original Date of Check _____
 Payee _____ Amount of Check _____

Reason check was returned (e.g. closed account, insufficient funds, etc.)

ATTEMPTED COLLECTIONS DATES	CONTACT APPROACH (e.g, PHONE, LETTER TO PAYEE, CONTACTED BANK, etc.)	RESPONSE

School _____

Principal's Signature _____

Date: _____

Bookkeeper's Signature _____

Date: _____

___ Permission is granted to write off the check listed above.

___ Permission is NOT granted to write off this check at the present time for the following reason(s).

 Finance Officer Signature

Date: _____

NUMBER _____

TRANSFER OF FUNDS

	ACCOUNT #	DESCRIPTION	CREDIT	DEBIT
TRANSFER FROM:				
TRANSFER TO:				

REASON:

DATE: _____

PRINCIPAL'S SIGNATURE: _____

CLUB ADVISOR/SPONSOR: _____

REFUND LIST*

Teacher _____

Date Refunded: _____

Purpose _____

Teacher Receipt Nos. _____
(ATTACH COPIES)

REFUNDED TO	AMOUNT RECEIVED	RECEIVED BY
TOTAL		

_____ Principal's Approval

_____ Bookkeeper's Signature

*To be used only when refund to students is less than (\$10.00) ten dollars. Include with check documentation.
Revised 8/07/2013

