

**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
<b>Total</b>			

Reason for purchase: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Send check to: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(signature of appropriate club officer required)

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

<b>For Club Use</b>		
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)

<b>For Club Use</b> Received _____ Date Paid _____ Check Number _____
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**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)

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