

ANNUAL FINANCIAL STATEMENT
Statement of Revenues, Expenditures & Balances
 Internal Accounts, Period Ending June 30, _____

Activity Account	Beg. Bal. 7/1/20__	Current Year Receipts	Current Year Expend.	Transfers DR	Transfers CR	End. Bal. 6/30/20__
Activity						
Athletics						
Music						
Classes						
Clubs						
Departments						
Trust						
General						
Total	A	B	C	D	E	F (A+B+C+D-E)

Ending Balance by Bank Account:

Cash (From Checking Account Bank Reconciliation) _____

Investments (Savings/Other) _____

Total Bank Balances (=F) _____

	Checks	ROMC	Purchase Orders
Beginning No., July 1, 20__	_____	_____	_____
Ending No., June 30, 20__	_____	_____	_____
Total Transactions	_____	_____	_____

BANKING INFORMATION

Checking Account No. _____

Name of Bank _____

Complete Mailing Address of Bank
Including Zip Code _____

Savings Account No. _____

Name of Bank _____

Complete Mailing Address of Bank
Including Zip Code _____

BANK RECONCILIATION

(For Student Activity/Internal Accounts)

School

FOR MONTH OF _____



Balance Per Accounting Records (End of Last Month)		_____	
Add: Deposits Per Journal (Current Month)		_____	
Less: Disbursements Per Journal (Current Month)		_____	
Balance Per Accounting Records (End of Current Month)		=====	(1)
Balance Per Bank Statement (End of Current Month)		_____	
Add: Deposits in Transit		_____	
Less: Outstanding Checks*		_____	
Other Reconciling Items		_____	
Adjusted Bank Balance (End of Current Month)		=====	(1)

(1) Balance Per Accounting Records and Adjusted Bank Balance should be equal.



<u>Outstanding Checks</u>		<u>Deposits in Transit</u>	
<u>Check #</u>	<u>Amount</u>	<u>Check #</u>	<u>Amount</u>

*Include all outstanding checks from previous months reconciliations which have not cleared, voided checks and current outstanding checks not appearing on current bank statement.

Check Requisition
(For Student Activity/Internal Accounts)

CHECK NO. _____ PURCHASE ORDER NO. _____ DATE _____ 20 _____

(NAME OF ORGANIZATION) _____ (ACTIVITY NO.)

PLEASE MAKE CHECKS PAYABLE TO:

FOR THE AMOUNT OF \$ _____ THESE FUNDS ARE BEING SPENT FOR

ORDER RECEIVED & VERIFIED _____
SIGNED: TEACHER SPONSOR

APPROVEI _____ DATE _____

INSTRUCTIONS: TEACHER SPONSORS WILL PREPARE THIS FORM IN DUPLICATE, SENDING BOTH COPIES TO SCHOOL ADMINISTRATIVE ASSISTANT, WHO WILL INSERT CHECK NUMBER ON BOTH COPIES, RETAIN ORIGINAL AND RETURN DUPLICATE, INVOICES OR BILLS MUST BE ATTACHED TO ORIGINAL.

Check Requisition
(For Student Activity/Internal Accounts)

CHECK NO. _____ PURCHASE ORDER NO. _____ DATE _____ 20 _____

(NAME OF ORGANIZATION) _____ (ACTIVITY NO.)

PLEASE MAKE CHECKS PAYABLE TO:

FOR THE AMOUNT OF \$ _____ THESE FUNDS ARE BEING SPENT FOR

ORDER RECEIVED & VERIFIED _____
SIGNED: TEACHER SPONSOR

APPROVEI _____ DATE _____

INSTRUCTIONS: TEACHER SPONSORS WILL PREPARE THIS FORM IN DUPLICATE, SENDING BOTH COPIES TO SCHOOL ADMINISTRATIVE ASSISTANT, WHO WILL INSERT CHECK NUMBER ON BOTH COPIES, RETAIN ORIGINAL AND RETURN DUPLICATE, INVOICES OR BILLS MUST BE ATTACHED TO ORIGINAL.

MONTHLY FINANCIAL STATEMENT

Statement of Revenues, Expenditures & Balances
 Student Activity/Internal Accounts, Period Ending July 31,

Activity Account	Beg. Bal. 7/1/20__	Current Year Receipts	Current Year Expend.	Transfers DR	Transfers CR	End. Bal. 7/31/20__
Activity						
Athletics						
Music						
Classes						
Clubs						
Departments						
Trust						
General						
Total						

A
B
C
D
E
F
(A+B+C+
D-E)

Ending Balance by Bank/Investment Accounts:

Cash (From Checking Account Bank Reconciliation) _____

Investments (Savings/Other) _____

Total Bank Balances (=F) _____

Checks

ROMC

**Purchase
Orders**

Beginning No., July 1, 20__ _____

Ending No., July 31, 20__ _____

Total Transactions _____

BANKING INFORMATION

Checking
Account

No. _____

Name of Bank _____

Complete Mailing Address of Bank
Including Zip Code

Savings
Account

No. _____

Name of Bank _____

Complete Mailing Address of Bank
Including Zip Code

Prepared by: _____
Administrative Assistant

Date: _____

Approved: _____

Date: _____

**DISHONORED CHECK NOTICE (NSF)
(For Student Activity Accounts)**

School _____
Address _____
City, State, Zip _____
Date: _____
To: _____

You are hereby notified that a check, numbered _____, in the face amount of \$ _____ issued by you on _____, drawn upon _____ has been dishonored. Pursuant to New Hampshire law, you have 30 days from the receipt of this notice to tender payment in cash of the full amount of this check plus a service charge of \$25, the total amount due being \$ _____ and _____ cents. Unless this amount is paid in full within 14-day period, from the date of this letter, the matter will be turned over to the local police authority and will be subject to the applicable regulations as prescribed by NH RSA 638:4

If additional information is required, please contact the school administrative assistant.

Sincerely,

Principal _____

Bookkeeper _____

Ticket Seller Report (For Student Activity/Internal Accounts)

School _____



DATE _____ NAME OF SELLER _____

OPPONENT _____ SCHOOL _____

Amount received for change fund..... (A) _____

ADULTS -	Color _____	Type _____	Price \$ _____		
Ending Number				_____	
Starting Number (First ticket sold)				_____	
Total Tickets Sold				_____ \$	_____

ADULTS -	Color _____	Type _____	Price \$ _____		
Ending Number				_____	
Starting Number (First ticket sold)				_____	
Total Tickets Sold				_____ \$	_____

STUDENTS-	Color _____	Type _____	Price \$ _____		
Ending Number				_____	
Starting Number (First ticket sold)				_____	
Total Tickets Sold				_____ \$	_____

STUDENTS-	Color _____	Type _____	Price \$ _____		
Ending Number				_____	
Starting Number (First ticket sold)				_____	
Total Tickets Sold				_____ \$	_____

Total Tickets Sales Receipts \$ _____ (B)

Total Funds to be Accounted for (A+B) \$ _____ (C)

Actual Cash on Hand \$ _____ (D)

Difference [over or (under)] (C-D) \$ _____

COMMENTS (Explanations of over or (under) collections):

Ticket Seller's Signature _____

Administrative Assistant's Verification _____

QUARTERLY FINANCIAL STATEMENT

Statement of Revenues, Expenditures & Balances

dent Activity/Internal Accounts, Period Ending September

Activity Account	Beg. Bal. 7/1/20__	Current Year Receipts	Current Year Expend.	Transfers DR	Transfers CR	End. Bal. 9/30/20__
Activity						
Athletics						
Music						
Classes						
Clubs						
Departments						
Trust						
General						
Total						

A
B
C
D
E
F
(A+B+C+ D-E)

Ending Balance by Bank/Investment Accounts:

Cash (From Checking Account Bank Reconciliation) _____

Investments (Savings/Other) _____

Total Bank Balances (=F) _____

	Checks	ROMC	Purchase Orders
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Beginning No., July 1, 20__ _____

Ending No., September 30, 20__ _____

Total Transactions _____

BANKING INFORMATION

Checking

Account

No. _____

Name of Bank _____

Complete Mailing Address of Bank
Including Zip Code _____

Savings

Account

No. _____

Name of Bank _____

Complete Mailing Address of Bank
Including Zip Code _____

Prepared by: _____
Administrative Assistant

Date: _____

Approved: _____

Date: _____