### **Event Summary and Financial Accounting Report**

		_// Day:				
		eers: minimum # recommer				
Volun 	ıteers:					
		Frame to prepare for Event: _				Hours
Notes	s/Comments/T	Tips:				
Vend	lors used:					
[]_					inteered their s	ervices
E <u>ven</u>	nt Financial Su	ummary:	ies to the ev	∕ent.		
	,	<del></del>				
	··			-	[ ] <u>Cash Advan</u>	<u> </u>
			ıts		[] <del>=</del>	
					\$00 _	/
====:	.=======:	=====			By:	
\$		Net Profit or <loss></loss>		į.		······································
						_
Attac	chments:					
[]	Expense Re	Reimbursement Form				
[]	Deposit Slir	p for Event Income				

"Event Summary and Financial Accounting Report" with the above checked attachments and receipts are to be submitted to the PSA Treasurer within two weeks of the event.

Deposit Slip for Cash Advance being returned

ESFAR Updated 20161005

#### **EXPENSE REIMBURSEMENT FORM**

NAME:		DATE:	
EVENT:			
DESCRIPTION OF EXPENSE:	AMOUNT:		
		<del>-</del>	
TOTAL EXPENSES TO BE REIMBURSED:			
CHECK TO BE SENT VIA:			
[ ] TUITION CHILD'S NAME:		GRADE:	ROOM#
I 1 HELD AT MAIN OFFICE FOR		) PICK-LIP	

PLEASE COMPLETE THIS FORM AND WITH RECEIPTS RETURN TO:

"PSA TREASURER"

"KINDNESS OF THE MAIN OFFICE"

Please submit this form within two weeks of purchase and staple all receipts to the back of this form.

#### **DEPOSIT SLIP**

[ ] Event Income [ ] Cash Advance Being Returned

(Please use separate Deposit Slips for event income and to return cash advance)

EVENT:				DATE://			
COMMITTE	E CHAIR:						
CONTACT INFO CELL:				:			
CASH:	QUANTITY	TOTAL	CHECKS:	NUM	BER OF CHECK	::::::::::::::::::::::::::::::::::::::	
\$100			(list singly)				
\$50							
\$20							
\$10							
\$5							
\$1							
\$0.25							
\$0.10							
\$0.05							
\$0.01	<del></del>			<del></del>			
DEPOSIT	SUMMARY:						
\$ .		TOTAL CASH		<del></del>			
\$ .		TOTAL CHECKS					
=======							
\$		TOTAL DEPOSIT					
======	========						
DEPOSIT S	UBMITTED BY: _			_			
		Signature					

Please personally hand in this completed Deposit Slip and monies within two weeks of the event to the PSA Treasurer or SDSC Main Office Staff. Do not send deposit in with your child.

#### **CHECK REQUEST FORM**

NAME:	DATE:/	
EVENT:		
DESCRIPTION OF EXPENSE:	AMOUNT:	
TOTAL AMOUNT DUE:		
PLEASE ATTACH AN INVOICE/RECEIPT TO THIS REQUES		
Sr. Kathleen Marie Gerritse, CR, Principal		
Rev. Michael McLoughlin, Administrator		
SIGNED CHECK REQUEST FO	DRM SHOULD BE GIVEN TO:	
"PSA TREA	ASURER"	
"KINDNESS OF TH	E MAIN OFFICE"	
CHECK TO BE SENT VIA:		
[ ] TUITION CHILD'S NAME:	GRADE:	ROOM#
[ ] HELD AT MAIN OFFICE FOR	TO PICK-UP	

Use this form when the school is to pay the cost of something in advance or for any item that is over \$250.