ANNUAL FINANCIAL STATEMENT

Statement of Revenues, Expenditures & Balances Internal Accounts, Period Ending June 30,

Activity	Beg. Bal.	Current Year	Current Year	Transfers	Transfers	End. Bal.
Account	7/1/20	Receipts	Expend.	DR	CR	6/30/20
Activity						
Athletics						
Music						
Classes						
Clubs						
Departments						
Trust						
General						
Total						
	Α	В	С	D	Е	F
						(A+B+C+D-E)
	necking Accou	nt Bank Reconciliation	on)			
	necking Accou Savings/Other)	nt Bank Reconciliation	on)	Checks	ROMC	Purchase Orders
Cash (From Ch Investments (S	necking Accou Savings/Other)	nt Bank Reconciliation	on)	Checks	ROMC	
Cash (From Ch Investments (S	necking Accou Savings/Other)	nt Bank Reconciliatio		Checks	ROMC	
Cash (From Ch Investments (S	necking Accou Savings/Other)	nt Bank Reconciliation Beginning No., July	1, 20	Checks	ROMC	
Cash (From Ch Investments (S	necking Accou Savings/Other)	nt Bank Reconciliation Beginning No., July Ending No., June 30	1, 20), 20	Checks	ROMC	
Cash (From Ch Investments (S Total Bank Balanc	necking Accou Gavings/Other) les (=F)	nt Bank Reconciliation Beginning No., July	1, 20), 20	Checks	ROMC	
Cash (From Ch Investments (S Total Bank Balanc BANKING INFORM	necking Accou Gavings/Other) les (=F)	nt Bank Reconciliation Beginning No., July Ending No., June 30	1, 20), 20			Orders
Cash (From Ch Investments (S Total Bank Balanc BANKING INFORM Checking Account	necking Accou Gavings/Other) les (=F)	Beginning No., July Ending No., June 30 Total Transactions	1, 20), 20		elete Mailing Address of	Orders
Cash (From Ch Investments (S Total Bank Balanc BANKING INFORM	necking Accou Gavings/Other) les (=F)	nt Bank Reconciliation Beginning No., July Ending No., June 30	1, 20), 20			Orders
Cash (From Ch Investments (S Total Bank Balanc BANKING INFORM Checking Account No.	necking Accou Gavings/Other) les (=F)	Beginning No., July Ending No., June 30 Total Transactions	1, 20), 20	Comp	lete Mailing Address of Including Zip Code	Orders
Cash (From Ch Investments (S Total Bank Balanc BANKING INFORM Checking Account	necking Accou Gavings/Other) les (=F)	Beginning No., July Ending No., June 30 Total Transactions	1, 20), 20	Comp	elete Mailing Address of	Orders

BANK RECONCILIATION

(For Student Activity/Internal Accounts)
School

FOR MONTH OF	•••••		•
Balance Per Accounting Records (End of La Add: Deposits Per Journal (Current Month)	,		
Less: Disbursements Per Journal (Current M			
Balance Per Accounting Records (End of	Current Mon	th)	(1)
Balance Per Bank Statement (End of Curren Add: Deposits in Transit Less: Outstanding Checks*	nt Month)		_
Other Reconciling Items			
Adjusted Bank Balance (End of Current	Month)		(1)
(1) Balance Per Accounting Records and Ac	ljusted Bank Ba	alance should be equal.	
Outstanding Checks Check # Amount Check # Amount	<u>Depos</u> <u>Date</u>	<u>its in Transit</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 PAYABLI	E TO:		
FOR THE AMOUNT OF \$		THESE FUNDS ARE	E BEING SPENT FOR
ORDER RECEIVED & VERIFIED	SIGNED: TEACHER SPONSOR		
APPROVEI_		DATE	
INSTRUCTIONS: TEACHER SPO	ONSORS WILL PREPARE THIS FORM IN DUPLICATE T CHECK NUMBER ON BOTH COPIES, RETAIN ORIG	, SENDING BOTH COPIE GINAL AND RETURN DU	JPLICATE, INVOICES OR BILLS
	Check Requisition (For Student Activity/Internal	n	
CHECK NO.	PURCHASE ORDER NO.	DATE	20
ALAME OF ORGANIZATION)			(ACTIVITY NO.)
(NAME OF ORGANIZATION) PLEASE MAKE CHECKS PAYABLI	E TO:		(ACTIVITY NO.)
FOR THE AMOUNT OF \$		THESE FUNDS ARE	E BEING SPENT FOR
ORDER RECEIVED & VERIFIED			
	SIGNED: TEACHER SPONSOR		
APPROVEI		DATE	

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

Reports of Monies Collected (For Student Activity/Internal Accounts)

No.				Date	20
(OFFICE USE ONLY)					
THE					
	NAME OF ORGAN	NIZATION		ACTIVITY NO.	
	TRANSMITS I	IEREWITH MONIES OBTAINEI	FROM SOURCES INDICATED BELOW FO	OR DEPOSIT	
	RECEI	VED FROM		AMOUNT	
(TEA	ACHER RECEIPT NUMBE	RS COVERED OR NAMES LIS	STED)		
				_	
-					_
I HEREBY CERTIFY THAT THE ABO	VE FUNDS WERE ALL	RECEIVED BY ME FOR DE	POSIT DURING THE PERIOD FROM:	•	
	, 20	TO		, 20	
	_				
	SIG	GNED (SPONSOR OR TE	ACHER)		
RECEIVED FROM			•		
	SIGNED	(SCHOOL ADMINIST	RATIVE ASSISTANT OR PRIN	NCIPAL)	

PREPARE THIS FORM IN DUPLICATE AND GIVE BOTH COPIES TO ADMINISTRATIVE ASSISTANT WHO WILL RETURN DUPLICATE

MONTHLY FINANCIAL STATEMENT

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

		Current	Current					
Activity	Beg. Bal.	Year	Year	Transf	fers	Transfers	End. B	al.
Account	7/1/20	Receipts	Expend.	DR	<u>.</u>	CR	7/31/20)
Activity								
Athletics								
Music								
Classes								
Clubs								
Departmen	ts							
Trust								
General								
Total								
	Α	В	С	D		E	F (A+B+C D-E))+
Investr	From Check nents (Savir k Balances		т вапк кес	Checks		ROMC	Purcha Ordei	
		Beginning I Ending No.		20				
		Total Tran						
BANKING	INFORMAT							
Checking	IIII OKWA	i i Oi (
Account					Compl	ete Mailing Address of	Rank	
No.		Name of Ba	ank		Compi	Including Zip Code	Dank	
140.	-	Traine or Be	ariik			moraling Zip Gode		
Savings					Compl	oto Mailing Address of	Ponk	
Account No.		Name of Ba	ank		Compi	ete Mailing Address of Including Zip Code	Dalik	
NO.	-	Name or be	alik			including Zip Code		
Prepared b	o <u>y:</u> Administra	tive Assistar	nt	Date:				
Approved:				Date:				

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

School			
Address		_	
City, State, Zip		_	
Date:		_	
To:			
		_	
You are hereby notified that	t a check, numbered	_, in the face amount of \$	
issued by you on	, drawn upon	has been dishonored.	rsuant to New Hampsh
law, you have 30 days from	the receipt of this notice to tender p	ayment in cash of the full amo	ount of this
check plus a service charge	e 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 turne	d over to the
local police authority and w	ill be subject to the applicable regula	itions as perscribed by NH R	SA 638:4
If additional information is re	equired, please contact the school a	dministrative assistant.	
Sincerely,			
Principal -			
Bookkeeper			

AFTER SIGNING SEND ORIGINAL TO BUSINESS OFFICE. RETAIN A COPY FOR YOUR FILES.

SANBORN REGIONAL SCHOOL DISTRICT BUSINESS OFFICE REQUEST FOR EQUIPMENT, SUPPLIES, OR SERVICES				PURCHASE ORDER				NO:	
	FUND	FUNCTION	DEPT	OBJECT	LEVEL	LOCATION	PROJECT	TOTAL	
	FUND	FUNCTION	DEPT	OBJECT	LEVEL	LOCATION	PROJECT	TOTAL	
	FUND	FUNCTION	DEPT	OBJECT	LEVEL	LOCATION	PROJECT	TOTAL	
								<u> </u>	
DATE:				ENTERED BY	′ :			DATE:	
REQUESTING DEPT. OR FACILITY (WILL BE DELIVERED HERE UNLESS OTHERWISE INSTRUCTED)			FOR ADDITIONAL INFORMATION CONTACT PHONE:						
				COST CENTE	R PURCHAS	E APPROVAL			
SUGGESTED SOURCE(S) OF SUPPLY (OPTIONAL)			BID OR S/C NO. SHIP IN			SHIP IN		DAYS	
				TERMS			F.O.B.		
GIVE COMPLETE DESCRIF									
FAILURE TO DO SO WILL RESULT IN DELAY OF PROCESSING YOUNGERS ARE USED. CONFIRMATION OF PRICES LISTED WILL									

		UNIT OF			
ITEM	QTY	QTY	DESCRIPTION OF ITEMS	UNIT PRICE	TOTAL

(LOCATION F.O.B. DESTINATION OR PREPAY AND ADD SHIPPING CHARGES ETC.) MUST BE SHOWN ON THE REQUISITION.

NOTE: IF THE NUMBER OF LINES REQUESTED EXCEEDS THE NUMBER OF LINES PROVIDED ON THE FORM, TYPE A COMPLETE LIST OF ALL ITEMS NEEDED AND NOTE IN THE BASE OF THE REQUISITION "SEE ATTACHED LIST". ALSO, LIST THE TOTAL OF THE ORDER ON THE FACE OF THE REQUISITION. PLEASE SEND FIVE COPIES OF THE ATTACHMENT TO PURCHASING, MAKING SURE ATTACHMENTS ARE SECURELY ATTACHED TO THE PO FORM

PURCHASING U	JSE ONLY		
Purchase Approved	P.O. #	DATE	

TOTAL COST:

\$0.00

i e									
	Purchase Order Log (For Internal Accounts) School FOR SCHOOL YEAR ENDING JUNE 30,								
Purchase Order No.	Vendor	Name	Date Issued	Acct No.	Amount	Date Goods Received	Date Invoice Paid		

Teacher Receipt Book Log (For Student Activity Accounts)

	School	
FOR SCHOOL YEAR ENDING JUNE 30,		

Date Issued	Signature of Person Issued to	Beginning Number	Ending Number	Date Returned	Initials of Person Receiving

Ticket Seller Report (For Student Activity/Internal Accounts)

				School
DATE	NAME OF SELLER			
OPPONENT				SCHOOL
Amount received for change fund				(A)
ADULTS - Color Ending Number	Туре	Price \$		
Starting Number (First ticket sold) Total Tickets Sold			\$	
ADULTS - Color Ending Number	Type	Price \$		
Starting Number (First ticket sold) Total Tickets Sold			\$	
STUDENTS- Color Ending Number	Type	Price \$	<u></u>	
Starting Number (First ticket sold) Total Tickets Sold			\$	
STUDENTS- Color Ending Number	Type	Price \$		
Starting Number (First ticket sold) Total Tickets Sold			\$	
Total Tickets Sales Receipts			\$	(B)
Total Funds to be Accounted for (A+B)	1		\$	(C)
Actual Cash on Hand			\$	(D)
Difference [over or (under)] (C-D)			\$	
COMMENTS (Explanations of over or	(under) collections):			
Ticket Seller's Signature		Administrative Assi	stant's Verification	

QUARTERLY FINANCIAL STATEMENT

Statement of Revenues, Expenditures & Balances dent Activity/Internal Accounts, Period Ending September

Activity	Beg. Bal.	Current Year	Current Year	Transfer	e Tron	nsfers	End. Bal.
Account	веу. ваі. 7/1/20	Receipts	Expend.	i ranster DR		isters CR	9/30/20
Activity	111120	Receipts	-xpena.	DIX.		Z11	3/30/20
Athletics							
Music							
Classes							
Clubs							
Department	ts						
Trust							
General							
Total			_				
	Α	В	С	D	E		F (A+B+C+ D-E)
Investn	From Check nents (Savir c Balances	ngs/Other)	. 20 1100	Checks	ROMC		Purchase Orders
		Beginning No. Total Trans	, Septembe			-	
DANIZING	INFORMAT		Sactions			-	
Checking	INFORMAT	ION					
Account No.		Name of Ba	ank	Con	nplete Mailing Add Including Zip C		
Savings Account No.				Con	nplete Mailing Add	ress of Bank	
		Name of Ba	ank	0011	Including Zip C		•