

## REQUEST FOR REPLACEMENT CHECK

CHECK NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

NAME OF PAYEE \_\_\_\_\_

DATE OF CHECK \_\_\_\_\_

*Please provide a brief description of how the check was lost or destroyed.*

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I request a replacement check for the above listed check. I understand that if I find the original check that I must return it to the issuing office. If I cash or deposit the original check, I am liable for the face value and any charges incurred.

*I certify that the original check was/was not lost through my own negligence.*

\_\_\_\_\_  
*Signature of Requestor*

Date of Request \_\_\_\_\_

**REPLACEMENT ISSUED**

CHECK NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_  
AMOUNT \_\_\_\_\_

REPLACEMENT CHECK RECEIVED/MAILED BY: \_\_\_\_\_

**DIOCESE OF CHARLESTON**  
**CHECKING ACCOUNTS RECONCILIATION**  
 FOR THE REPORTING PERIOD ENDING \_\_\_\_\_

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parish Number

**Checking Accounts Reconciliation**

	Checking Account A		Checking Account B		Total
	Current Quarter	Year to Date	Current Quarter	Year to Date	Year to Date
Beginning Checkbook Balance					
Plus: Total Cash Receipts For Period (total parish rev.)					
Plus: Total Transfers from Savings					
<b>Total</b>					
Less: Total Cash Disbursements For Period (total exp.)					
Less: Transfers to Savings (Diocesan & non-Diocesan)					
Less: Capital Expenditures					
Less: Debt Service - Principal Payments					
Miscellaneous (List Below)					
Ending Checkbook Balance					

**Miscellaneous Additions and/or Subtractions**

- 1). Savings Interest - \_\_\_\_\_
- 2). \_\_\_\_\_

	Checking Account A	Checking Account B	Total
Balance Per Bank Statement - End of the Quarter			
Less Outstanding Checks			
Subtotal			
Add: Deposits in Checkbooks But Not on Statements			
Balance in Checkbooks - End of Quarter			

*DIOCESE OF CHARLESTON*

**DIOCESAN SAVINGS AND INVESTMENT RECONCILIATION**

**FOR THE REPORTING PERIOD ENDING \_\_\_\_\_**

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parish Number

	Diocesan Savings Account		Diocesan Savings Account		Totals
	Current Quarter	Year To Date	Current Quarter	Year To Date	
Beginning Savings Balance					
Savings Deposits (this reporting period)					
Interest Credited to Account (this reporting period)					
Total					
Less: Savings Withdrawals (this reporting period)					
Savings Bank Fees & Charges (this reporting period)					
Ending Savings Account Balance					

*DIOCESE OF CHARLESTON*

**DIOCESAN SAVINGS AND INVESTMENT RECONCILIATION**

**FOR THE REPORTING PERIOD ENDING** \_\_\_\_\_

\_\_\_\_\_

Name of Parish

\_\_\_\_\_

Address

\_\_\_\_\_

Parish Number

	BSA Endowment Account		Diocesan Investment Account		Totals
	Current Qtr.	Year To Date	Current Qtr.	Year To Date	
Beginning Savings Balance					
Savings Deposits (this reporting period) Account #534201					
Realized Gain/loss (this reporting period) Account #514410					
Unrealized Gain/loss (this reporting period) Account #514415					
Interest Credited to Account (net of fees) (this reporting period) Account #514401					
Total					
Less: Savings Withdrawals (this reporting period)					
Ending Savings Account Balance					

*DIOCESE OF CHARLESTON*

**DIOCESAN SAVINGS AND INVESTMENT RECONCILIATION**  
**FOR THE REPORTING PERIOD ENDING \_\_\_\_\_**

\_\_\_\_\_  
 Name of School

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 School Number

	Diocesan Savings Account		Diocesan Savings Account		Totals
	Current Quarter	Year To Date	Current Quarter	Year To Date	
Beginning Savings Balance					
Savings Deposits (this reporting period)					
Interest Credited to Account (this reporting period)					
Total					
Less: Savings Withdrawals (this reporting period)					
Savings Bank Fees & Charges (this reporting period)					
Ending Savings Account Balance					

*DIOCESE OF CHARLESTON*

**DIOCESAN SAVINGS AND INVESTMENT RECONCILIATION**

**FOR THE REPORTING PERIOD ENDING \_\_\_\_\_**

\_\_\_\_\_

Name of School

\_\_\_\_\_

Address

\_\_\_\_\_

School Number

	Diocesan Investment Account		Diocesan Investment Account		Totals
	Current Qtr.	Year To Date	Current Qtr.	Year To Date	
Beginning Savings Balance					
Savings Deposits /Transfers (this reporting period)					
Realized Gain/loss (this reporting period) Account #474505					
Unrealized Gain/loss (this reporting period) Account #474605					
Interest Credited to Account (net of fees) (this reporting period) Account #494671					
Total					
Less: Savings Withdrawals/Transfers (this reporting period)					
Ending Savings Account Balance					

**DIOCESE OF CHARLESTON**

**AFFILIATED ORGANIZATION CHECKING ACCOUNT RECONCILIATION**

FOR THE REPORTING PERIOD ENDING \_\_\_\_\_

\_\_\_\_\_  
Name of School/Affiliated Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
School number

**Checking Accounts Reconciliation**

	Checking Account A		Checking Account B		Checking Account C		Total
	Current Quarter	Yr to Date	Current Quarter	Yr to Date	Current Quarter	Yr to Date	Yr to Date
Beginning Checkbook Balance							
Plus Total Cash Available For Period							
Plus: Total Transfers from Savings							
Total							
Less: Total Cash Expenditures For Period							
Less: Transfers To Savings (Diocesan and NonDiocesan)							
Miscellaneous (List Below)							
Ending Checkbook Balance							

(Ending checkbook balance must agree with ending cash balance)

Miscellaneous Additions and/or Subtractions

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Bank Reconciliation**

	Checking Account A	Checking Account B	Checking Account C	Total
Balance Per Bank Statement - End of the Quarter				
Less Outstanding Checks				
Subtotal				
Add: Deposits in Checkbooks But Not on Statements				
Balance in Checkbooks- End of Quarter				

*DIOCESE OF CHARLESTON*

**NON DIOCESAN INVESTMENT RECONCILIATION**  
**FOR THE REPORTING PERIOD ENDING \_\_\_\_\_**

\_\_\_\_\_

Name of Parish

\_\_\_\_\_

Address

\_\_\_\_\_

Parish Number

	Non Diocesan Investment Account		Non Diocesan Investment Account		Totals
	Current Quarter	Year To Date	Current Quarter	Year To Date	
Name of Bank					
Beginning Savings Balance					
Savings Deposits (this reporting period)					
Interest/Dividends Credited to Account Acct# 444691					
Unrealized Gain or (Loss) on Non-Dio Investments Acct# 514415					
Total					
Less: Savings Withdrawals (this reporting period)					
Savings Bank Fees & Charges (this reporting period)					
Ending Savings Account Balance					



*DIOCESE OF CHARLESTON*

**NON DIOCESAN SAVINGS RECONCILIATION**

**FOR THE REPORTING PERIOD ENDING \_\_\_\_\_**

\_\_\_\_\_

Name of School

\_\_\_\_\_

Address

\_\_\_\_\_

School Number

	Non Diocesan Savings Account		Non Diocesan Savings Account		Totals
	Current Quarter	Year To Date	Current Quarter	Year To Date	
Name of Bank					
Beginning Savings Balance					
Savings Deposits (this reporting period)					
Interest Credited to Account (this reporting period)					
Total					
Less: Savings Withdrawals (this reporting period)					
Savings Bank Fees & Charges (this reporting period)					
Ending Savings Account Balance					

**DIOCESE OF CHARLESTON**  
**AFFILIATED PARISH ORGANIZATION FINANCIAL REPORT**

**PARISH** \_\_\_\_\_ **FOR THE PERIOD ENDING** \_\_\_\_\_

**Name of Organization**

	<b>Current Quarter</b>	<b>July-June Year to Date</b>
<b>Financial Activity</b>		
Beginning Cash Balance (All Accounts)	_____	_____
Activity Receipts	_____	_____
Fund Raising Receipts	_____	_____
Donations	_____	_____
Other Income	_____	_____
<b>Total Cash Available</b>	_____	_____
Current Period Expenditures	_____	_____
Transfers to the Parish	_____	_____
Activity Expenditures	_____	_____
Parish Related Expenditures	_____	_____
Fund Raising Expenditures	_____	_____
Other Expenditures	_____	_____
<b>Total Cash Expenditures</b>	_____	_____
<b>Ending Cash Balance</b>	_____	_____
<b>Breakdown of Ending Cash Balance</b>		
Checking	_____	NOTE: List all accounts that are in the name of the organization.
Savings	_____	
Certificate of Deposit	_____	
Money Market	_____	
Other, Specify	_____	
Outstanding checks/deposits	_____	
<b>Total of All Accounts</b>	_____	
Reconcile this report with the bank statement.		
<b>Breakdown of Parish Related Expenditures</b>		
Types of Expenditures	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Parish Related Expenditures</b>	_____	_____

\_\_\_\_\_  
Name of Signature of Treasurer \_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Pastor/Parish Life Facilitator \_\_\_\_\_  
Date

*Note: One report is required for each activity that has its own funds.*

**DIOCESE OF CHARLESTON**  
**AFFILIATED SCHOOL ORGANIZATION FINANCIAL REPORT**

**SCHOOL** \_\_\_\_\_ **FOR THE PERIOD ENDING** \_\_\_\_\_

**Name of Organization** \_\_\_\_\_

**Financial Activity**

**Current Quarter**

**July-June  
Year to Date**

Beginning Cash Balance (All Accounts) \_\_\_\_\_

Activity Receipts \_\_\_\_\_

Fund Raising Receipts \_\_\_\_\_

Donations \_\_\_\_\_

Other Income \_\_\_\_\_

**Total Cash Available**

Current Period Expenditures \_\_\_\_\_

Transfers to the School \_\_\_\_\_

Activity Expenditures \_\_\_\_\_

School Related Expenditures \_\_\_\_\_

Fund Raising Expenditures \_\_\_\_\_

Other Expenditures \_\_\_\_\_

**Total Cash Expenditures**

**Ending Cash Balance**

**Breakdown of Ending Cash Balance**

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_

Money Market \_\_\_\_\_

Other, Specify \_\_\_\_\_

Outstanding checks/deposits \_\_\_\_\_

**Total of All Accounts**

Reconcile this report with the bank statement.

NOTE: List all accounts that are in the name of the organization.

**Breakdown of School Related Expenditures**

Types of Expenditures

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total School Related Expenditures**

\_\_\_\_\_  
Name of Signature of Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Principal

\_\_\_\_\_  
Date

*Note: One report is required for each activity that has its own funds.*  
Please submit a copy of the bank statement with affiliated organization report.

EXHIBIT # 4

Endorse Here:

FOR DEPOSIT ONLY  
NAME OF INSTITUTION

DO NOT SIGN/WRITE/STAMP BELOW THIS LINE  
FOR FINANCIAL INSTITUTION USAGE ONLY\*

Federal Reserve Bank Regulation CC

# TALLY SHEET

(For Smaller Parishes)

Exhibit #5
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PARISH: \_\_\_\_\_

MASS(DAY/TIME): \_\_\_\_\_

PREPARERS: \_\_\_\_\_

OFFERTORY - ENVELOPES	CHECKS	BILLS	COINS
OFFERTORY ENVELOPES TOTALS:	\$	\$	\$
OFFERTORY - LOOSE	CHECKS	BILLS	COINS
<small>List checks below by name or attach copies of checks:</small>			
OFFERTORY LOOSE TOTALS:	\$	\$	\$
<b>TOTALS FOR REGULAR OFFERTORY:</b>	\$	\$	\$
OTHER COLLECTIONS:	CHECKS	BILLS	COINS
<b>SECOND COLLECTION:</b>			
<b>BULIDING FUND:</b>			
<b>CCD PROGRAM:</b>			
TOTAL OTHER:	\$	\$	\$
<b>TOTALS CONTRIBUTIONS RECEIVED:</b>	\$	\$	\$

Signatures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAMPLE YEAR END CONTRIBUTION ACKNOWLEDGMENT

Date: \_\_\_\_\_

This acknowledgment of your contributions to \_\_\_\_\_  
{donee organization} \_\_\_\_\_ for 2001 is provided pursuant to section  
170 (f) (8) of the Internal Revenue Code.

Name of Contributor: \_\_\_\_\_

Address of Contributor: \_\_\_\_\_

\_\_\_\_\_

Annual 2001 Contribution: \$ \_\_\_\_\_

Included in your total annual 2001 contribution of \$ \_\_\_\_\_  
are the following contributions of \$250 or more:

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

CHECK AS APPROPRIATE

[ ] The donee organization either did not provide any goods or services in  
whole or partial consideration for the above contributions or provided  
only intangible religious benefits.

**Diocese of Charleston**

*Payment Remittance Advice*

Parish Name: \_\_\_\_\_

**Mail To:** Diocese of Charleston

Parish Address: \_\_\_\_\_

Finance Office  
1662 Ingram Rd.  
Charleston, SC 29407

Parish Number: \_\_\_\_\_

**Attn:** Accounts Receivable

*\* Please write a separate check for each shaded area.*

<b>Parish Account Number</b>	<b>Payment For</b>	<b>Chancery Account Number</b>	<b>Amount</b>
686410	<b>Assessment</b>	1-000-1402	_____
686806	<b>Property Insurance</b>	1-000-1401	_____
616110	<b>Health &amp; Life Insurance-Priest</b>	1-000-1403	_____
		<i>Check Amt</i>	_____
<b>Note to Chancery: Amounts for principal and interest MUST AGREE with the loan amortization schedule provided.</b>			
739011	<b>Principal</b>	5-000-130__	_____
739001	<b>Interest</b>	5-618-4401	_____
		<i>Check Amt</i>	_____
769203	<b>Savings deposit with Chancery</b>	5-000-2_____	_____
		<i>Check Amt</i>	_____
616114	<b>Priest Retirement</b>		_____
		<i>Check Amt</i>	_____
686356	<b>Catholic Miscellany Subscription Payment</b>		_____
		<i>Check Amt</i>	_____
	<b>Other (detail must be provided):</b>		_____
	_____		_____
	_____		_____
		<i>Check Amt</i>	_____
	Contributions: If donor restricted, documentation of restriction must be attached		
	<b>DONOR</b> FOR		
	_____		
		<i>Check Amt</i>	_____
	<b>TOTAL REMITTED:</b>		<b>\$</b> _____

Prepared By/Date \_\_\_\_\_

For Accounting Use Only	
_____	_____
Received By/Date	Posted By/Date
_____	_____
Deposited By/Date	Batch Number

**Diocese of Charleston**

*Payment Remittance Advice for Collections*

Parish Name: \_\_\_\_\_

**Mail To:** Diocese of Charleston  
 Finance Office  
 1662 Ingram Rd.  
 Charleston, SC 29407  
**Attn:** Accounts Receivable

Parish Address: \_\_\_\_\_

Parish Number: \_\_\_\_\_

<b>Parish Account Number</b>	<b>Collections</b>	<b>Chancery Account Number</b>	<b>Amount</b>
752740	Infirm Priests	1T-203-4207	_____
752738	Synod	1T-614-4207	_____
752739	Seminary	1T-202-4207	_____
752709	Catholic University	1-000-2708	_____
752708	Mission Sunday (Propagation of the Faith)	1-000-2737	_____
752712	Campaign for Human Development	1-000-2712	_____
752717	Retirement Fund for Religious	1-000-2717	_____
752711	Church in Latin America	1-000-2711	_____
752710	Black & Indian Home Missions	1-000-2710	_____
752720	Church in Central & Eastern Europe	1-000-2720	_____
752705	Catholic Relief/ American Bishops' Overseas Appeal	1-000-2705	_____
752703	Holy Land (Good Friday)	1-000-2733	_____
752744	Catholic Home Mission Appeal	1-000-2744	_____
752704	Catholic Charities	1-000-2704	_____
752701	Catholic Communications Campaign	1-000-2721	_____
752702	Holy Father (Peter's Pence)	1-000-2732	_____
762701	Bishops' Stewardship Appeal	<i>Send to BSA Office</i>	<b>XXXXXXXXXXXXXX</b>
752716	Rice Bowl	1-000-2716	_____
<b>Other</b>	<b>(Please Specify)</b>		_____
	_____		_____
	_____		_____
		<b>TOTAL REMITTED:</b>	<b>\$ _____</b>

Prepared By/Date \_\_\_\_\_

**Proceeds from each collection should be submitted within 30 days after the collection date.**

For Accounting Use Only	
_____ Received By/Date	_____ Posted By/Date



Deposited By/Date

Batch Number

You can download the Application for Federal EIN from the IRS web site:  
[www.irs.gov](http://www.irs.gov)  
Form SS-4

You can download the Form W-4 from the IRS web site:  
[www.irs.gov](http://www.irs.gov)

You can download the Form I-9 from the IRS web site:  
[www.irs.gov](http://www.irs.gov)

Fixed Asset No. \_\_\_\_\_

**FIXED ASSET LEDGER RECORD**

Item _____	G/L Account _____
Description _____	Purchase Date _____
Mfg. Serial No. _____	
Where Located _____	
Person Responsible _____	
Vendor _____	
Estimated Life _____	
Warranty Period _____	

Date	Explanation	Asset Record			Comments
		Dr	Cr	Balance	

Leasing Obligations \_\_\_\_\_

Final Disposition of Asset \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note: This record must be placed in a permanent capital asset file with copies of supporting documentation (i.e., invoices, contracts, etc.)**

RECORD OF DONOR INFORMATION

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NOTE: TO BE USED FOR DONATIONS OVER \$2,000

DATE OF DONATION \_\_\_\_\_

DONOR'S NAME \_\_\_\_\_

DONOR'S S.S.# \_\_\_\_\_

DONOR'S ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT DONATED \_\_\_\_\_

RESTRICTIONS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER RELEVANT  
INFORMATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: DONATIONS OF \$10,000 OR MORE ARE TO BE REPORTED TO THE  
CHIEF FINANCIAL OFFICER.

## RECORD RETENTION POLICY

Item	3 years	7 Years	Permanently
Accident Reports, Claims (settled cases)		X	
Audit Reports			X
Bank Reconciliations		X	
Bank Statements		X	
Check (canceled-see exception below)		X	
Checks (canceled for important payments i.e., purchases of property, special contracts, etc.)			X
Contracts, Mortgages, Notes and Leases Expired Still in effect		X	X
Correspondence (legal and important matters only)			X
Deeds, Mortgages, and Bills of Sale			X
Envelopes from parishioner contributions	X		
Financial Statements (annual reports)			X
Insurance Records (current accident reports, claims, policies, etc.)			X
Invoices (from vendors) (see exception)	X		
Backup documentation for capital expenditures			X
Journals			X
Parish contribution report ( i.e. pds census/Excel report)	X		
Payroll Records		X	
Personnel Files		X	
Property Appraisals			X
Retirement and Pension Records			X
Tally Sheets		X	

**IMPORTANT: NO RECORDS ARE TO BE DESTROYED WITHIN RETENTION PERIOD.**

7/18/2005

## PARISH ACTIVITIES REQUIRING THE BISHOP'S AUTHORIZATION

- 1 Capital project, construction or purchases that would cost \$10,000 or more. A project cannot be broken down to smaller components to avoid this requirement.
- 2 Major renovations or repairs of \$10,000 or more
- 3 Any project involving asbestos in any amount
- 4 Any sale of parish assets valued at greater than \$10,000
- 5 Transacting mortgage agreements as a part of the sale of parish property
- 6 Rental/lease of parish-owned property in any amount
- 7 Donation of parish-owned properties, furnishing, and equipment regardless of value
- 8 Investment of monies in any amount (not including checking, savings accounts, bank CD's, or U.S. Treasuries)
- 9 Establishment of any endowment program
- 10 Incurring indebtedness for operational, capital, or investment needs
- 11 Refinancing existing loans
- 12 Acceptance of a restricted gift
- 13 All contracts



**DIOCESE OF CHARLESTON, SC**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

**Name of Parish or Institution:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

Street Address: \_\_\_\_\_

**Type of Special Event** (Example: Wedding reception,  
Anniversary party, Etc. - Please Specify): \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Lessee (Additional Insured) Information:**

Name of Sponsoring Organization or  
Individual Requesting Coverage

**Time of Event:** From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
*(Please Print Lessee Name(s) or Organization)*

**Approximate Number of Participants:** \_\_\_\_\_

**Lessee (Additional Insured) Contact Person:**

Name: \_\_\_\_\_

**Is Liquor Being Served?** Yes \_\_\_\_\_ No \_\_\_\_\_

Street Address: \_\_\_\_\_

**Is Food Being Served?** Yes \_\_\_\_\_ No \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

This coverage is underwritten by **Great American Assurance Company, Policy #** **GLP 00005584901-00**

**Cost of Coverage:** **\$110** Per Event

Coverage does not apply to certain events such as, but not limited to:

- ♦ Sporting events including tournaments & camps
- ♦ Any carnival event
- ♦ Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- ♦ Fireworks & fireworks displays
- ♦ Events where a fee or admission is charged, unless all proceeds go to charity
- ♦ Events organized or operated by professional promoters/performers
- ♦ Events with attendance of more than 1,000 persons
- ♦ Events which exceed 72 hours in duration
- ♦ Events involving pool or lake activities
- ♦ Events involving recreational vehicles

**NOTIFICATION OF AN EVENT MUST REACH CATHOLIC MUTUAL  
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT.**

**★ SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC. ★**

*Please make check payable to: Diocese of Charleston*

**COMPLETE AND RETURN THIS FORM TO:**

**Catholic Mutual**  
**Attn: Ms. Tracy Bates, CRM**  
**1662 Ingram Road**  
**Charleston, SC 29407-4242**

*Please report all claims to C.M.G. Agency, Inc. Claims Department at 1-800-228-6108.*

**Approving Location: CHARLESTON, SC**     **ATTN: TRACY BATES**  
**FAX NO.: (843) 402-9071**

**DISTRIBUTION:** Original: C.M.G. Agency, Inc., Copies to Lessee and Parish or Institution

## MONTHLY MILEAGE REIMBURSEMENT REPORT

Agency/Program \_\_\_\_\_  
 Name of Person to be Reimbursed \_\_\_\_\_  
 Date \_\_\_\_\_

Date	Odometer Reading		Total Miles	Reason for Travel	Destination	Person Contacted
	Start	End				

Total Miles \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ to be reimbursed

Approved for Payment by: \_\_\_\_\_

## Business Expense Reimbursement Report

Agency/Program \_\_\_\_\_

Name of Person to be Reimbursed \_\_\_\_\_

Date	Hotel	Food	Airfare	Telephone	Cab	Parking \Tolls	Other	Daily Totals
Total								
Less travel advance								
Total to be reimbursed								

**Note: All expenditures \$25.00 or greater must be documented by a receipt.  
Please attach all receipts to this form.**

Signature of Person to be Reimbursed \_\_\_\_\_

Approved by: \_\_\_\_\_

See the Exhibits located in the manual. A current copy of the form and other Sales/Use Tax forms can be found at the SC Dept of Revenue web site listed below.

Exhibit 25

<http://www.sctax.org/Forms+and+Instructions/Current+Years+Forms+and+Instructions/default.htm#saluse>

## ASSETS

**PARISH:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

<b>LAND, BUILDINGS, &amp; EQUIPMENT</b>				
Property Type	Beginning Balance	Additions and Improvements at Cost	Deletions at Cost	Ending Balance
Land Acct. # 121522				
Buildings Acct. # 121523				
Furnishings & Contents Acct. # 121524				
Stained Glass Acct. # 121525				
Ecclesiastical Furnishings Acct. # 121526				
Equipment Acct. # 121527				
Vehicles Acct. # 121654				
Total Acct. # 129999				
<b>INVESTMENTS - TREASURY BILLS &amp; NOTES, STOCKS, BONDS, AND MUTUAL FUNDS</b>				
Description of Investment	Maturity Date	Rate of Interest	Cost or Initial Purchase Price	Market Value at June 30th
<b>Totals</b>				

**LIABILITIES**

<b>NOTES AND MORTGAGES PAYABLE</b>				
<b>OWED TO</b>	<b>ORIGINAL AMOUNT OF LOAN</b>	<b>BEGINNING BALANCE</b>	<b>AMOUNT PAID</b>	<b>ENDING BALANCE</b>
<b>Total Notes Payable:</b>				
<b>OUTSTANDING PAYABLES</b> (BALANCES GREATER THAN \$100.00 EACH)				
<b>VENDOR</b>	<b>DESCRIPTION</b>			<b>BALANCE AS OF JUNE 30TH</b>
<b>GRAND TOTAL OF ALL VENDOR BALANCES OF LESS THAN \$100.00 EACH</b>				
			<b>TOTAL PAYABLES:</b>	
			<b>TOTAL ASSETS:</b>	
			<b>TOTAL LIABILITIES:</b>	
			<b>NET WORTH:</b>	



# Diocese of Charleston

## Transmittal of Cash/Checks to Finance Office

Program Name: \_\_\_\_\_

Control Number: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Account No: \_\_\_\_\_

	RECEIVED FROM	DESCRIPTION	DATE OF CK:	AMOUNT
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____
			<b>TOTAL:</b>	\$ _____ (total deposit)

\_\_\_\_\_  
Received by/Date

\_\_\_\_\_  
Extension by/Date

\_\_\_\_\_  
Deposited By/Date

\_\_\_\_\_  
Posted By/Date



# Diocese of Charleston

*Transmittal of Cash/Checks to Finance Office*

Program Name: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_

Program Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

Control Number: \_\_\_\_\_

# = ACCOUNT NUMBERS: (12 Digits: use two lines)

	<b>RECEIVED FROM</b>	<b>DESCRIPTION</b>				
1.	_____	_____	\$	\$	\$	\$
2.	_____	_____				
3.	_____	_____				
4.	_____	_____				
5.	_____	_____				
6.	_____	_____				
7.	_____	_____				
8.	_____	_____				
9.	_____	_____				
10.	_____	_____				
11.	_____	_____				
12.	_____	_____				
13.	_____	_____				
14.	_____	_____				
15.	_____	_____				
16.	_____	_____				
		<b>TOTALS:</b>	\$	\$	\$	\$
			Column 1	Column 2	Column 3	Column 4
						Column 5

Total of Columns: \$ \_\_\_\_\_  
 (total deposits)

\_\_\_\_\_  
 Received By/Date

\_\_\_\_\_  
 Extension By/Date

\_\_\_\_\_  
 Deposited By/Date

\_\_\_\_\_  
 Posted By/Date

\_\_\_\_\_  
 Batch Number

