

FINANCIAL REQUIREMENTS FOR CLUBS & ORGANIZATIONS

Thank you for your interest in serving the students of St. Matthew Catholic School. Your time and talent is greatly needed and appreciated. Below are guidelines for clubs and organizations regarding budget planning, deposit and check request procedures.

1. Annual Budget

Each organization will be required to submit an annual budget to the Principal and Business Manager **by June 15, 2018** for the upcoming school year (see attached Club Budget Form). Both revenues and expenses will be budgeted for the upcoming school year. Budgets will be reviewed by both the Principal and Business Manager for approval.

2. Income

When income is received by organizations, the following policies must be followed:

- All deposits must be counted and prepared by two organizational representatives prior to submitting to the Business Office. Deposit slips (see attached) will be filled out and signed by both individuals attesting to the collected amount and submitted with each deposit. Copies of deposit slips and checks should be retained by the organization for their records. All deposits should be turned into the Business Office by the close of business the following business day.

3. Expenses

- All authorization for Payment/Transfer (see attached Check Request form) will need to be submitted by the Club Sponsor/Treasurer and approved by the Principal. Supporting documentation must accompany each request (invoices, receipts, etc...) No orders/purchases or check requests will be approved unless the expense is fully funded. The Business Office processes checks on Tuesdays. Please have check/reimbursement requests in by the prior Friday in order to have the check processed by the following Tuesday.
- If expenses are required to be paid out directly from cash receipts, a detailed accounting of all expenses paid must accompany a deposit slip.
- Club leaders/sponsor may not enter into a signed agreement with any entity using the name of St. Matthew Catholic School. All contracts are to be signed/approved by the Principal or his/her designee. An approved Contracted Services Form (see attached) must be signed by the school Principal or the Principal's designee and the service provider. Some examples of service providers are: DJ Services and catered food services.

4. Mid-Year Budget Review

Clubs/Organizations may be subject to turn in mid-year budget reviews upon the school administration's request. The form will show both budgeted and actuals numbers. Mid-year budget reviews will be presented to the school council.

Please feel free to contact the Business Office for any questions you may have. We thank you for your service to St. Matthew School and wish you a successful school year!

**ST. MATTHEW CATHOLIC SCHOOL
CLUB BUDGET FORM**

Booster/Club/Organization _____

School Year _____

Annual Projected Income

These are standard line items, please feel free to cross through and add your own.

<u>Income</u>	<u>Projected Amount</u>	<u>Mid-Year Review</u> (upon request of school administration)	<u>End of Year Actual Amounts</u>
Entry Fees	_____	_____	_____
Camps	_____	_____	_____
Dues	_____	_____	_____
Donations	_____	_____	_____
Sponsorships	_____	_____	_____
Concessions	_____	_____	_____
Program/Ad Sales	_____	_____	_____
T-Shirt/Apparel	_____	_____	_____
Halloween Carnival Fundraiser	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
TOTAL PROJECTED INCOME	\$ -	\$ -	\$ -

Annual Projected Expenses

These are standard line items, please feel free to cross through and add your own.

<u>Expenses</u>	<u>Projected Amount</u>	<u>Mid-Year Review</u>	<u>End of Year Actual Amounts</u>
Entry/Competition Fees	_____	_____	_____
Camps	_____	_____	_____
Uniforms	_____	_____	_____
Equipment	_____	_____	_____
Supplies	_____	_____	_____
Travel/Transportation	_____	_____	_____
Food/Meals	_____	_____	_____
Facilities/Equip Rental	_____	_____	_____
Awards	_____	_____	_____
EOY gifts/party	_____	_____	_____
10% Endowment Fund Proceeds	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
TOTAL PROJECTED EXPENSES	\$ -	\$ -	\$ -
TOTAL PROJECTED SURPLUS/(LOSS)	\$ -	\$ -	\$ -

Approvals: Sponsor _____

Date: _____

Principal or Business Mgr: _____

Date: _____

Club/Organizations Officers/Sponsors and Contact Information

Club/Organization: _____

School Year: _____

President/Sponsor: _____

Phone: _____

Email: _____

Vice President: _____

Phone: _____

Email: _____

Secretary: _____

Phone: _____

Email: _____

Treasurer: _____

Phone: _____

Email: _____

Other: _____

Phone: _____

Email: _____

DEPOSIT

Description of Deposit _____

CLUB/ORGANIZATION/TEACHER _____ GRADE _____

Date _____

BILLS			
how many	at	TOTAL	SUB TOTAL
	\$ 100.00	\$ -	
	\$ 50.00	\$ -	
	\$ 20.00	\$ -	
	\$ 10.00	\$ -	
	\$ 5.00	\$ -	
	\$ 1.00	\$ -	
		\$ -	\$ -

COINS			
how many	at	TOTAL	SUB TOTAL
	\$ 1.00	\$ -	
	\$ 0.50	\$ -	
	\$ 0.25	\$ -	
	\$ 0.10	\$ -	
	\$ 0.05	\$ -	
	\$ 0.01	\$ -	
		\$ -	\$ -

Do not enter an amt below
please use ck list

checks	TOTAL	\$ -	\$ -
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		GRAND TOTAL	\$ -
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Enter checks here			
CHECK LIST	how many	AT	Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL OF CHECKS	0.00		\$ -

Deposit Prepared/Verified By: _____ Date: _____

Deposit Prepared/Verified By: _____ Date: _____

Business Office Use Only: _____

DEPOSITS MUST BE COUNTED AND VERIFIED BY TWO ORGANIZATIONAL REPRESENTATIVES BEFORE IT IS TURNED INTO BUSINESS OFFICE.

St Matthew Catholic School
CHECK REQUEST FORM

Payable to: _____

Date: _____

Address: _____

Due Date : _____

- Mail to payee
- Mail to payee with attached documents:
(Please attach original and one copy)
- Return to originator
- Will pick up at Business Office
- Additional instructions:

office use only
Acct/Project

Description	Amount	
Total	\$0.00	

Print Name of Originator

Signature Date

Department

Phone Ext.

Approval (Print Name) *

Signature Date

St. Matthew Catholic School

10703 Wurzbach Road
San Antonio, Texas 78230
(210) 478-5099

CONTRACTED SERVICES FORM

St. Matthew Catholic School and independent contractor, _____, hereinafter referred to as "Contractor" enter in to a contract on the _____ day of _____, 20__ for the provision of contracted services.

- I. The school agrees to engage the contractor and the contractor agrees to perform personally in a manner satisfactory to the school, the following services described for the school year 2014-2015 beginning _____, 20__ and ending _____, 20__.

- II. The services are to be performed at the following times and places:

The School agrees to pay the contractor, the sum of _____, for the services rendered under this Agreement. The School shall not otherwise be responsible for any fees, expenses or other costs incurred by Contractor in rendering these services.

Payment shall be made by the School bi-monthly tendered immediately after the completion of services rendered under the Agreement.

This contract may be terminated by the School at any time without cause and without penalty to the School. In the event of termination by the School or the Contractor prior to the completion of the contract, compensation shall be prorated on the basis of hours actually worked, and the Contractor shall only be entitled to receive just and equitable compensation for any satisfactory work completed up to the date of termination.

The Contractor may not assign this contract to a third party without the written consent of the School.

The Contractor is not an employee of the School, is not entitled to fringe benefits, pension, worker's compensation, retirement, etc. The School shall not deduct Federal Income Taxes, FICA (Social Security), or any other taxes required by an employer, as this is the responsibility of the Contractor.

The Contractor agrees to hold the School harmless from any and all liability incurred by the School by reason of the Contractor's negligence or breach of contract including, without limitation, damages of every kind and nature, out of pocket costs and legal expenses.

IN WITNESS WHEREOF St. Matthew Catholic School and the Contractor have executed this contract effective the date first herein written.

School:

Signature _____
By: _____
Print Name _____
Title: _____
Phone #: _____

Contractor:

Signature _____
By: _____
Print Name _____
Address, City State, Zip _____
Residence Phone #: _____
Business Phone #: _____
S.S. #/EIN: _____