08/2013

**OFFICER WORKSHEET**

|  |  |
| --- | --- |
|  **Name:**  |  **Month/Year:** |
| **Date** | **Hours** | **Expenses** | **Amounts** | **Receipt (Y/N)\*** |
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(\*Receipts must be attached to be reimbursed.)

**WORKER WORKSHEET**

|  **Name:**  |  **Month/Year:** |
| --- | --- |
| **Date** | **Hours** | **Expense** | **Amount** | **Receipt (Y/N)\*** |
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(\*Receipts must be attached to be reimbursed.)

**FUNDRAISER DONOR RECORD (One Form per Donor)**

|  **Fundraiser:**  |  **Month/Year:** |
| --- | --- |
|  **Date** |  |  **Donors Name** |  |
|  **Hours** |  |  **Address** |  |
|  **Donation Amount** |  |  **City / State / Zip** |  |
|  **Type (cash, check, etc)** |  |  **Phone** |  |
|  **Attached (Y/N)\*** |  |  **Email** |  |
|  |  |  |  |
|  **Expense** |  **Amount** |  **Receipt (Y/N)\*\*** |  **Notes** |
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(\*Donation must clear bank before compensated. \*\*Receipts must be attached to be reimbursed.)