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.)