

#### Athletic Account Activity Fund Policy

The purpose of the account is to pay persons who officiate at sporting events sponsored/sanctioned by Edwin O. Smith High School, where such persons are required to be paid upon performance of services.

The account, which will be handled as a petty cash fund, will be established as a single signature checking account with two persons authorized to sign checks. This is to assure that a person will always be available to sign when a check is needed.

The administrative assistant for finance will have custody of the checkbook and will have the responsibility at month end (or more frequently, if necessary) to submit a voucher to replenish the account. Copies of the check drawn will be attached to the voucher as a backup. The voucher will be approved by the superintendent, or his/her designee, but in no event should the voucher be approved by either of the authorized signatures. The account will be funded in the amount of \$2,000.

Monthly statements for the account will be sent from the bank directly to the finance department, Town of Mansfield, which will be responsible for reconciliation of the account.

Adopted: September 1, 1987

Revised: April 10, 2007

Checks for the week of: 10/20 - 10/25

Date	Sport	Number	at Each	
Mon <u>10/20</u>	Girls Var. Soccer	2	\$89.99	9583-4 ✓
	Girls JV Soccer	2	1 @ \$58.51 use 1 check from 10/2	9585 ✓
Tues <u>10/21</u>	Girls Fr. Soccer	2	\$58.51	9586-87 ✓
	Girls Swim + Dive	3	1 @ \$78.50 2 @ \$71.50	9588 ✓ 9589-901
Wed <u>10/22</u>	Girls Var. Soccer	2	\$89.99	9591-92
	Girls JV Soccer	2	\$58.51	9593-94 ✓
Thur <u>10/23</u>	Fr. Football	3	\$59.16	9595-959
Fri <u>10/24</u>	Var. Football	6	5 @ \$90.99 1 @ \$60.99	9598-9602 ✓ 9603 ✓
Sat <u>10/25</u>	JV Football	3	\$59.16	9604-6 ✓

**EDWIN O. SMITH HIGH SCHOOL**

Regional School District #19

Athletic Activity Account

CHECK # \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Team \_\_\_\_\_

E. O. Smith vs. \_\_\_\_\_

RECEIVED PAYMENT \_\_\_\_\_

**EDWIN O. SMITH HIGH SCHOOL**

Regional School District #19

Athletic Activity Account

CHECK # \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Team \_\_\_\_\_

E. O. Smith vs. \_\_\_\_\_

RECEIVED PAYMENT \_\_\_\_\_

Copy of returned form.

I fill in ck#, amount, date and Team.

**EDWIN O. SMITH HIGH SCHOOL**  
Regional School District #19

Athletic Activity Account

CHECK # 9593

DATE 10.22.14

AMOUNT \$ 58.51

Name Don Leone

Address 31 HOWEY ROAD

Address ASHFORD, CT 06218

Team Girls JV Soccer

E. O. Smith vs. TOLLAND

RECEIVED PAYMENT

