

## **REGISTRATION RECEIPTS AND FUNDS**

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Last Revised: 2009

### **POLICY:**

The purpose of the policy is to outline the procedures for the management of registrations including receipts and funds. It is the policy of NNESHHRM to have a registration process that will be efficient and accurate.

### **PROCEDURE:**

#### **RECEIPTS:**

1. Upon receipt of a completed registration form and fee for such, verify the information is complete and the fee is correct.
2. Enter pertinent information (name, address, name desired on name tag, title, member or non-member into excel spreadsheet database.
3. Deposits check indicating on deposit slip: registration for (name of the program).
4. Forward the deposit slips to Treasurer for input into the appropriate fund category to assure accurate bookkeeping.

#### **PAYABLES:**

1. Upon request for reimbursement (attached form is preferred method of payment of request with the receipts attached.)
2. The request is forwarded to the Treasurer.
3. The Treasurer will process the request and forward the written reimbursement check to the requester.
4. The check number and date sent will be noted on the copy or the request.

Policy & Procedure Manual

**Request for Payment**

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

**Amount:** \_\_\_\_\_ \*\*

**Name of Payee:** \_\_\_\_\_

**Reason for Reimbursement:\*\*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Individual Requesting Reimbursement:** \_\_\_\_\_

\_\_\_\_\_

**Mail to:**

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

\_\_\_\_\_

**Street:** \_\_\_\_\_

\_\_\_\_\_

**City/State/** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

\*\* **Please provide a copy of the bill or invoice**  
**Submit To Treasurer:**