

**BOARD OF TRUSTEES**  
**MARYLAND STATE COUNCIL**  
**KNIGHTS OF COLUMBUS**  
10815 STANG ROAD  
OWINGS MILLS, MARYLAND 21117-4607

Trustees

Philip Asplen, PSD  
Francis Feeley, PSD  
James Olivarri, PSD  
Joseph Sauro, PSD

July 1, 2010

TO: ALL DIRECTORS AND CHAIRMEN

As you know, Supreme Council requires every state council to have financial records audited by an independent Certified Public Accountant. One key factor in obtaining a favorable report is our internal control procedures. If we are to receive a favorable audit, we should comply with the following procedures established by the Executive Secretary which were effective as of 1/1/2010.

- All funds collected must be turned into the Executive Secretary at least monthly using the **MONEY TURN IN FORM**. Duplication of effort is not required you may simply attach your record of checks received.
- Cash collections such as Mass donations should be counted by two people designated by the Director of Church activities or other responsible chairman and the **MONEY TURN IN FORM** should be signed by both.
- All bills should be submitted to the Executive Secretary for payment on the **EXPENSE REIMBURSEMENT / EXPENSE AUTHORIZATION FORM**. A copy of each bill must be attached to the form.
- **DO NOT PAY EXPENSES FROM FUNDS COLLECTED.** If for some reason you cannot submit a bill to the Executive Secretary for payment and it must be paid immediately, pay the bill and submit a request for reimbursement using the **EXPENSE REIMBURSEMENT / EXPENSE AUTHORIZATION FORM**. A copy of the bill must be attached to the form.

- Within thirty (30) days of the completion of the activity, a final report should be submitted to the Executive Secretary. The format of the report is left to the chairmen's discretion since each activity is different. The report should show total receipts, total persons paying, total complementary tickets if applicable and total known expenses. (Some expenses may have been incurred and paid at state council level without the chairman's knowledge.) It would be appreciated but not required that a copy of each **MONEY TURN IN FORM** and each **EXPENSE REIMBURSEMENT / EXPENSE AUTHORIZATION FORM** be attached to the final report.
- Although not part of the financial audit, this report should also include a brief description of the activity and sufficient detail that would permit someone to conduct the activity in the future without other direction. This may be difficult for the first year or so but it will be of great benefit to future administrations. Answer the following questions: What did I do? When did I have to do it? What did others do for me? What should have been done differently?

BOARD OF TRUSTEES

MARYLAND STATE COUNCIL  
KNIGHTS OF COLUMBUS  
MONEY TURN IN FORM

NAME OF ACTIVITY: \_\_\_\_\_

DATE(S): \_\_\_\_\_

CASH

<u>Denomination</u>	<u>Number</u>	<u>Total</u>
<u>Change</u>		
\$1.00	_____	_____
\$5.00	_____	_____
\$10.00	_____	_____
\$20.00	_____	_____
\$50.00	_____	_____
\$100.00	_____	_____

TOTAL CASH: \_\_\_\_\_

CHECKS:

<u>Number</u>	<u>From whom</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL CHECKS: \_\_\_\_\_

TOTAL TURN IN: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED:	NAME:	_____	PHONE	_____
	TITLE:	_____	CELL	_____
			EMAIL	_____

**MARYLAND STATE COUNCIL  
KNIGHTS OF COLUMBUS  
EXPENSE REIMBURSEMENT FORM**

NAME OF ACTIVITY: \_\_\_\_\_  
 Date(s): \_\_\_\_\_

**EXPENSES SUBMITTED FOR REIMBURSEMENT**

DATE	EXPENSE DESCRIPTION	AMOUNT

TOTAL \_\_\_\_\_

DATE: \_\_\_\_\_  
 SIGNED: NAME: \_\_\_\_\_ PHONE \_\_\_\_\_  
 TITLE: \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL \_\_\_\_\_

Attach receipts to this form.