



Chapter Treasurer's Workshop

- **Monthly Reports**
 - **Income and Deposits**
 - **Expenses and Payments**
 - **Summary Information**
 - **Bank and Investment Statements**



Chapter Name Illinois

Chapter Number IL-01



Huntington's Disease Society of America

**DEPOSIT IDENTIFICATION FORM
Unrestricted Account**

For Deposit Dated 9/15/09

Deposit Amount \$ 2,500

Reviewed By _____
M.I.P. Batch # _____
Document #'s _____
Entered By _____
Date: _____

Check Number	Individuals 40000	Foundations 42000	Corporation 41000	Federated Campaigns 44000	Tributes and Memorials		Other		Projec/ Code
					Individual 40040	Corporate 41040	Amount	GL Code	
1253	100								09AZ100
Cash	50								09WLK01
632							1500	41010	09COH01
2536		850							09ZA100

Instructions: This form should be maintained and submitted to the Finance Department on a monthly basis. All supporting receipts, vouchers, invoices etc. should be attached.

If you have any questions or need assistance please call the finance department at (212) 242-1968

I have reviewed the information on this form and believe it to be correct to the best of my knowledge

Signature

date

Restricted Contributions

“A restriction on an organization’s use of the assets contributed results either from a donor’s explicit stipulation or from circumstances surrounding the receipt of the contribution that make clear the donor’s implicit restriction on use”



Chapter Name **Central Ohio**

Chapter Number **OH-01**



Huntington's Disease Society of America

**DEPOSIT IDENTIFICATION FORM
RESTRICTED Account**

For Deposit Dated **3/10/09**

Deposit Amount \$ **\$35,000**

Reviewed By _____

M.I.P. Batch # _____

Document #'s _____

Entered By _____

Date: _____

Check Number	Individuals 40000	Foundations 42000	Corporation 41000	Federated Campaigns 44000	Tributes and Memorials		Other		Projec/ Code
					Individual 40040	Corporate 41040	Amount	GL Code	
16325							30000	43000	09ZA100
552	5000								09DM01

Restriction Purpose **\$30,000 restricted for the Center of Excellence**
\$5,000 restricted for general research

Instructions: This form should be maintained and submitted to the Finance Department on a monthly basis. All supporting receipts, vouchers, invoices etc. should be attached.

If you have any questions or need assistance please call the finance department at (212) 242-1968

I have reviewed the information on this form and believe it to be correct to the best of my knowledge

Signature date

Chapter Name **Kentucky**

Chapter Number **KY-01**



Huntington's Disease Society of America

**CREDIT CARD DEPOSIT
IDENTIFICATION FORM**

For Deposit Dated **8/25/09**

Deposit Amount \$ **3300**

Reviewed By _____

M.I.P. Batch # _____

Document #'s _____

Entered By _____

Date: _____

Donor Name	40060		Individuals	Corporation	Tributes and Memorials		Other		Projec/ Code
			40000	41000	Individual 40040	Corporate 41040	Amount	GL Code	
John Doe	125								09ZAMS1
Bill Jones	300								09ZAMS1
Mike Smith							2000	40020	09COH01
Mary Jane	200								09ZAMS1
Kathy Miller	100								09ZAMS1
Ann Marie					575				09ZA100

Restriction Purpose:

Instructions: This form should be maintained and submitted to the Finance Department on a monthly basis. All supporting receipts, vouchers, invoices etc. should be attached.

If you have any questions or need assistance please call the finance department at (212) 242-1968

I have reviewed the information on this form and believe it to be correct to the best of my knowledge

Signature

date

Chapter Name **New Jersey**

Chapter Number **NJ-01**



Huntington's Disease Society of America
MONTHLY EXPENSE/DISBURSEMENT FORM

Month of **April 2009**

Reviewed By _____
M.I.P. Batch # _____
Document #'s _____
Entered By _____
Date: _____

Date	Check #	Paid To	Program	Check Amount	Office Supplies 53100	Postage 53150	Telephone 53300	Printing 54000	Other Expenses		Project/ Sp Event Number
									Amount	General Ledger Code	
4/5	253	Verizon	50	300			300				09ZA100
4/5	254	Social Worker	30	500					500	52150	09ZCSW1
4/7	255	DMJ Mailhouse	60	2500		500		2000			09DM01
4/18	256	Tom's Catering	60	5000					5000	57050	09GLF01
4/20	257	J. Doe-Reimbursed Exp	50	325	50	20	100				09ZA100
			60						155	55000	09GLF01
4/20	258	J. Doe-Admin Support	50	750					375	52400	09ZA100
			30						175	52400	09ZA100
			60						100	52400	09ZA100

Instructions: This form should be maintained and submitted to the Finance Department on a monthly basis. All supporting receipts, vouchers, invoices etc. should be attached.

If you have any questions or need assistance please call the finance department at (212) 242-1968

I have reviewed the information on this form and believe it to be correct to the best of my knowledge

Signature

date

Program Expenses

“...activities that result in goods and services being distributed to beneficiaries, customers, or members that fulfill the mission or purpose for which the organization exists.”



HDSA Programs

10-Education

20-Research

30-Family Services

45-Centers



HDSA Support Services

50-Management and General

60-Fundraising



Functional Allocation Methods

- **Direct**

Clearly and easily attributable to a specific program

- **Indirect**

Not so – clearly and easily attributable to a specific program



More Documents

–The Monthly Summary

–Bank and Investment Statements



Due Dates

Credit Card Deposits – Immediately

Monthly Report Package – 10th of the Month

Bank Statements – 20th of the Month



Cash Flow

- **Chapter Cash Levels**
Determined Annually
- **Remittance to National**
Submitted with Monthly Reports





HDSA.ORG/EXTRANET.HTML