

Imperial Council of San Francisco

All Purpose Form

This is a: (check one)

DEPOSIT *
<input type="checkbox"/> Contribution / Donation <input type="checkbox"/> Event proceeds <input type="checkbox"/> Dues payment <input type="checkbox"/> Other payment: _____ _____

CHECK REQUEST **
<input type="checkbox"/> Reimbursement for event expenses <input type="checkbox"/> Services rendered (SSN required) <input type="checkbox"/> Invoice payment request <input type="checkbox"/> Other request: _____ _____

** Please list all checks and cash on the back of this form. Please detail related event information below.*

DEPOSIT SUMMARY

Checks Total \$ _____ . _____

Cash Total \$ _____ . _____ ***

Deposit Total \$ _____ . _____

Authorized Person(s) submitting deposit:

Signature#1 _____

Signature#2 _____

***Cash deposits require 2 (two) signatures.

EVENT INFORMATION

Date of Event: _____

Event Name: _____

Proceeds Benefit:

Charity Fund

50th Anniversary Fund

Monarchs Fund

Specific Beneficiary/Purpose: (list)

_____ :

Special Instructions: _____

*** Original receipts for reimbursable expenses must be attached. Please detail related event info below also.*

CHECK SUMMARY

Payee Name: _____

Payee Address: _____

Payee City: _____

Payee State / Zip: _____

Tax ID No. _____

Phone: _____

Check to be: Mailed Hand delivered to:

Expense Detail Description	Expense Amount
_____	\$ _____ . _____
_____	\$ _____ . _____
_____	\$ _____ . _____
_____	\$ _____ . _____
_____	\$ _____ . _____
Total Amount Requested	\$ _____ . _____

Submission Date: _____

Requested By: _____

Phone: _____

Securely attach all proceeds and documentation to this form and give to the ICSF Treasurer or other ICSF Board Member.
AUTHORIZED SIGNATURES REQUIRED: Form will not be processed without required signatures.

Board Member Signature	Date Received	Treasurer Signatures	Date Received
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DEPOSIT DETAIL

CASH		
Denominati on	Count	Amount
\$100		\$
50		\$
20		\$
10		\$
5		\$
1		\$
		\$
TOTAL CASH		\$

CHECKS		
	Name	Amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
	TOTAL CHECKS	\$

Board Member Signature	Date Received	Treasurer Signatures	Date Received
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