



Northern Virginia Experimental Chinese School

Event Funding Balance Sheet For Income & Disbursement Request (*Please list different event in different sheet)

Line	Date	Invoice Number	Event Funding		Purpose & detail <small>(please be check if they are for particular event, attached original invoice and/or back up documents is required)</small>	Notes <small>(List expense check name here if more than one volunteer)</small>
			Income or Donation	Expense		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
Subtotal:						
Balance amount for expense check:					Please submit the information below to process your expense check	
Handling Instructions: <u>Checks distribute day is the 3rd week of month</u>, all requests must allow at least one week of processing time.						
<input type="checkbox"/> Pickup: Prefer method. Please stop by office before 3:30pm on the Sundays in the 3rd week of each month. <input type="checkbox"/> Mail: First class mail, allow 5 mailing days; provide correct mailing address, phone number below to process. Your donation of \$25 reprocessing fee to reissue a lost check is required.						
Make expense check payable to:			Balance Amounts for Expense Check:			
Mailing Address / phone number: <small>(required if check by mail, first class only, allow 5 business mail days):</small>			By completing/signing or approving this disbursement request, you are certifying that: (a) you have reviewed each expense submitted for payment (b) you are familiar with the facts and circumstances relevant to the approval (c) the request for payment and approval comply with all applicable ECS policies Please refer to ECS Finance rules and regulations posted for all related policies; ECS has right to update the policies due to operation needs.			
Preparer's Signature		Date		Approver's Signature		Date
				Additional Approver Signature if over \$1,000		
Prepared by (print name)				Approved by (print name and title (required)) <input type="checkbox"/> Board <input type="checkbox"/> Officer		
**Explain purpose of payment. <u>This is required to process your invoice.</u> (Attach original invoice. Backup must show amount to be paid and item descriptions.						
FOR ACCOUNTING USE ONLY:						
Vendor Name		Payable Check Number		Finance Notes		
Processed By		Date		Entered By / Date		Received By / Date / Amount