# CLAN DOUGLAS SOCIETY of NORTH AMERICA CDSNA Regent Event Reconciliation REVENUES COLLECTED Form, page 1 of 3

Date of Games:

**TOTAL COLLECTED** 

Name of Games:

**TOTAL** of CHECKS ENCLOSED

Regent's	Name:		Pho	ne Number: (	) -	
Regent's	Email Address:					
Use Comments section to explain unusual check items, for example:			a. One person paying for another b. A combined check of dues & store goods c. A combined check paying for several members who had paid cash			
Check #	NAME CHECKS ENCLOSED:	Amount  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Comments (a, b, or c)	payable to 2. List all checks 3. List all New a 4. List all Store 5. TOTAL of CHE should e 6. New Membe	Instructions (pages 1-3) cash. Deposit cash and write a person Clan Douglas Society s on this page, page 1 and Renewal Members on page 2 Goods sold on page 3 ECKS ENCLOSED equal TOTAL COLLECTED or Dues + Renewals + Store Sales equal TOTAL COLLECTED	onal check
		\$ \$				
		\$		(from page 2) Total New Members Dues Co		<b>;</b> \$
		\$ \$		16 6)		<u> </u>
				(from page 2)	Total Renewals Dues Collected	\$
		\$ \$		(from page 3)	Total Store Sales Collected	\$
		\$				

\$

## CDSNA NEW & RENEWAL MEMBERS Form, page 2 of 3

Regent: Date of Games: / /
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Revenue Collected should indicate actual DUES PAID only.

All monies from Store Goods should be entered on CDSNA Store Goods Reconciliation Form (page 3)

<b>New Members:</b>			Revenue
Name	Mailing Address	City, State, Zip	Collected
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Member Renewals:			
Member			Revenue
Number Name	Mailing Address	City, State, Zip	Collected
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

# **CDSNA Store Goods Reconciliation Form, page 3 of 3**

Name of Games:	Date of Games:			
		/ /		
Regent's Name:	Phone Number: (	) -		
Regent's Email Address:				
Description of Item		Size	Quantity	Amount Collected
\$7 - Lapel Pin - Belted Heart of Bruce				\$
\$10 - Cookbook - The Douglas Larder				\$
\$20 - A Guide to Douglas Landmarks				\$
\$22 - Cap Badge - Heart of Bruce Pewter (CDSNA Exclusive design)				\$
\$22 - Kilt Pin - Sword-Heart of Bruce Pewter (CDSNA Exclusive design)				\$
OTHER – Please List				\$
OTHER – Please List				\$
\$20 - Women's Winged Heart T-Shirts - Adult S-2X - BLACK Only  S: # shirts	X: # shirts	Indicate # of each size sold at left	Total # of WH T-shirts	\$
\$20 - T-Shirts - Adult S-3X - Blue Only Clan Douglas Front - Belted Heart of E  S: # shirts	Bruce Back	Indicate # of each size sold at left	Total # of T-shirts	\$
\$28 - Women's Embroidered Thistle Golf Shirts - Adult S-2X - LIGHT BLUE Onl S: # shirts	y 2X: # shirts	Indicate # of each size sold at left	Total # of Women's GS	\$
\$26 - Men's Golf Shirts - Adult - S-3X Embroidered Shield - in Blue (BL) or Green (GFBL GR BL GR BL GFS: # shirts =		Indicate # of each size sold at left	Total # of Men's GS	\$
		TOTAL COL	LECTED \$	J.

### Clan Douglas Society of North America, Ltd.

501(c)(3) organization, EIN: 63-0908133

#### REQUEST FOR REIMBURSEMENT AND/OR CONTRIBUTION ACKNOWLEDGEMENT

Payable/Acknowledgement to: (Please Print)

Regent Name:

Address:

I request payment / contribution acknowledgement

for the following expenses incurred on behalf of the

Clan Douglas Society of N.A. (receipts attached)

Please mail this form

with copies of all receipts

to the CDSNA Secretary:

Jim Morton

		SIGN BELOW	l i	Secretary,	
City, St, Zip:			:	† 626 Mountain Lake Cr	
Name of Game:				Blue Ridge, GA 30513 770-949-4797	
Date(s) and Location:	/ in		Douglas	Secretary@comcast.net	
COSTS		REIMBURSEMENT			
Game Sponsorship (tent space) \$		CDSNA allows for a	Number of New Members	Amt Collected	
Lodging \$		per event reimbursement	joining at game:	<b>→</b> \$	
Meals \$		of \$75.00 maximum.			
Travel ( miles @ \$0.14 / mile) \$	_	This amount is optional.	Number of Members	Amt Collected	
Other (describe below) \$			renewing dues:	<b>→</b> \$	
TOTAL COST of GAMES \$	↓ subtract <b>REIN</b>	MBURSEMENT for Games ↓			
	Reimbursemen	t requested   \$	CDSNA Acknowledgement and Approv		
CONTRIBUTION (TOTAL COST less requested REIMBURSE	\$ MENT)	↓ Additional ↓ ↓ Reimbursements ↓	Date: \$		
Regents Games Kit Shipping Ex	xpenses to:	\$	Approved by:		
Officer Expenses:		\$			
Store Sales Commission: Sales	:\$ x 10%	\$			
Total Reimbursement		ent \$	(Signature of CDSNA Secretary)		

Other Description: Please provide description of costs, expenses, and activities in which all expenses were incurred.