

**Summary of Receipts and Disbursement: Checking Account**

**Balance Forward** (from "Ending Balance" of Previous Quarterly Report) \_\_\_\_\_

**Receipts:**

District Allotment \_\_\_\_\_

Interest \_\_\_\_\_

Other \_\_\_\_\_

Transfer(s) from Savings Acct. \_\_\_\_\_

**Total Receipts** \_\_\_\_\_

**Total Funds Available** \_\_\_\_\_

**Disbursements:**

1 Personnel \_\_\_\_\_

2 Direct Office Cost \_\_\_\_\_

3 Communication \_\_\_\_\_

4 Office Supplies, Equipment, Printing \_\_\_\_\_

5 Grants \_\_\_\_\_

6 Local Transportation \_\_\_\_\_

7 Purchase of Service \_\_\_\_\_

8 Bank Charges, Transfers and Petty Cash \_\_\_\_\_

9 Other \_\_\_\_\_

**Total Disbursements** \_\_\_\_\_

**Ending Balance:** (Should Agree with Checkbook Balance at End of Quarter)

**Approval Date By Commission:** \_\_\_\_\_

**Treasurer** \_\_\_\_\_

**Chairperson** \_\_\_\_\_

**Secretary Certification** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby certify that the above noted quarterly financial report has been approved by a majority of Commissioners during a public meeting in which there existed a quorum.



# INCOME FORM

ANC \_\_\_\_\_

Check if ANC has **NO** Saving Account

## SAVINGS ACCOUNT

**Balance Forward:** (from "Ending Balance" of Previous Quarterly Report) \_\_\_\_\_

**Receipts:**

Transfer(s) From Checking Account \_\_\_\_\_

Other (Interest Earnings, etc.) \_\_\_\_\_

Total Receipts \_\_\_\_\_

**Total Funds Available:**

**Disbursements:**

Transfer(s) to Checking \_\_\_\_\_

Other \_\_\_\_\_

**Total Disbursements** \_\_\_\_\_

**Ending Balance:** \_\_\_\_\_

## CHECKING AND SAVINGS ACCOUNT DEPOSITS

Please list each deposit made this quarter into the ANC's checking and savings account

### Deposits to Checking Account

(Include transfers from savings account)

Date	Amount	Source/Description

### Deposits to Savings Account

(Include transfers from checking account)

Date	Amount	Source/Description

## Explanation of Quarterly Report Form

**Balance Forward:** Dollar amount from "ending balance" of previous quarterly report.

### Receipts:

**District Allotment** - Allotment(s) deposited to your Checking Account during the quarter.

**Interest Income** - Interest earned on Checking Account only.

**Other Deposits** - Any funds received other than District Allotment by the ANC.

**Transfer from Savings Account** - Money taken from Savings Account and deposited into the Checking Account.

### Disbursements:

#### **1 Personnel**

**Net Salary & Wages** - Amount paid to employee(s) after deductions.

**Total Federal Wage Taxes Paid** - Amount paid during the quarter to IRS for income taxes, Social Security, and Medicare (F.I.C.A.) withheld from employee's salary. Including the ANC's F.I.C.A. contribution.

**State (DC, MD, VA) Wage Taxes Paid** - Amount paid during the quarter to the District or applicable state for income taxes withheld from employee's salary. Services.

**Tax Penalties Paid** - Amount paid to IRS for the non-payment, late payment or underpayment of wage taxes.

**Health** - Amount paid by the ANC for employee health insurance coverage.

#### **2 Direct Office Cost**

**Office Rent** - Rent for ANC Office.

**Utilities** - Payments for electricity, gas, oil, water and sewer services.

#### **3 Communication**

**Telecommunication Services** -

a. Landline - Payments for telephone service.

b. Cellular - Payments for cellular services.

c. Cable/Internet - Payments for cable and internet services.

**Website/Webhosting** - Payment for website or webhosting services.

#### **4 Office Supplies, Equipment, Printing**

**Postage and Delivery** - Mail or other delivery costs paid.

**Printing and Copying** - Amounts paid for printing and copying.

**Office Supplies** - Payments for materials and supplies associated with running the ANC office.

**Office Equipment:**

a. Rental - payments for renting office equipment.

b. Purchase - payments for buying office equipment.

#### **5 Grants**

**Grants** - Amount disbursed to organizations through a grant to perform activities in the public interest.

#### **6 Local Transportation**

**Local Transportation** - Payments for Metro fare, cab fare, parking, and automobile mileage expenses incurred while conducting official ANC business.

#### **7 Purchase of Service**

**Flyer Distribution** - Payments for distribution of ANC meeting notices.

**Purchase of Service** - Amounts paid for services rendered to the ANC (during the quarter) under contract or other written agreement.

**Training** - payments for Commissioner training when not available from government sources.

#### **8 Bank Charges, Transfers and Petty Cash**

**Petty Cash Reimbursement** - Total amount disbursed during the quarter to replenish the Petty Cash Account.

**Transfer(s) to Savings Account** - Amount transferred to Savings Account.

**Bank Charges** - Service charges, overdraft fees, and stop payment fees.

#### **9 Other**

**Other** - All other payments disbursed during the quarter (Provide detailed explanation and supporting documentation.)

**Ending Balance:** Amount at the end of each quarter after all disbursements are subtracted from receipts.

## SUPPORTING DOCUMENTATION SUBMISSION SHEET

<b>Check Number</b>	
<b>Check Amount</b>	
<b>Check Date</b>	
<b>Payee</b>	
<b>Expense Category</b>	
<b>Date Approved by ANC or Budget</b>	
<b>Purpose</b>	

### Non Grant Supporting Documentenation (bill, invoice, or receipt)

Type of Document Attached (Bill, invoice, receipt)	Amount
<b>Total</b>	\$0.00

### Grant Award/Disbursement Documentation

	Amount
<b>Application</b>	
<b>Statement of Use</b>	
<b>Receipts</b>	
<b>TOTAL</b>	\$0.00

**REIMBURSEMENT REQUEST FOR ANC COMMISSIONER'S OUT OF POCKET  
Expenditure for ANC Goods and Services**

**Date** \_\_\_\_\_

**Commissioner Name** \_\_\_\_\_

<b>EXPENSE</b>	<b>AMOUNT</b>	<b>PURPOSE</b>
Cab	_____	_____
Parking Garage	_____	_____
Meter parking	_____	_____
Metro	_____	_____
Copying	_____	_____
Purchase of DC Documents	_____	_____
Fliers, Posters, Announcements	_____	_____
Other	_____	_____

**Total Requested** \_\_\_\_\_

I certify that the requested amount was spent for the stated purpose in conducting official ANC duties.  
Receipts are provided, if available.

**Commissioner's Signature** \_\_\_\_\_

The following amount was approved by a budget or at a public meeting as a valid reimbursable ANC expense.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Approved Amount**

\_\_\_\_\_ **Check Number(s)**

# PRE-SUBMISSION CHECKLIST

**Quarter Ending:** \_\_\_\_\_ **Advisory Neighborhood Commission:** \_\_\_\_\_

(Check all applicable boxes and use "Remarks" section for any items not submitted and provide Explanation, this includes missing documentation)

- Signed and Certified Summary of Receipts and Disbursements: Checking Account Form  
(Approval and Certification signed and dated)
- Bank Statements for Savings Account and copies of deposit or withdrawal slips (for the 3 months of the quarter)
- Bank Statements for Checking Account (for the 3 months of the quarter)
- Checking Account bank notification, stop payment requests, and deposit slips for allotments or other checking account deposits
- Copies of the front and back of canceled checks
- Copies of any voided checks
- Supporting Documentation for Expenditures  
(Each document should be cross-referenced by check number and submitted in check number order)
- Grant Documentation (Application, Statement of Use, Receipts)  
(Each document should be cross-referenced by check number)
- Meeting Minutes for meeting held during the quarter which authorizes an expenditure not in budget or a grant
- Commission's Budget  
(Include with quarterly report if Budget approved during the quarter being reported)

**Remarks:**

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