

Sports/Activities Camp/Clinic Reconciliation

Complete this if students pay a fee, if coaches are to be paid, and/or if there are any other revenues or expenses associated with the camp. Keep a copy at the school. Send completed form to your Human Resources Activities/Athletics Recruiting Tech (if coaches are to be paid.)

Location (school): _____ Dates of Camp/Clinic: _____

Sponsor's Name: _____ Type of Camp/Clinic: _____

A. Amount Collected & Receipted at School

(Obtained from Group Collection Record):

\$ _____

Amount Receipted by District Cashier

\$ _____

Less Refunds to Students:

(\$ _____)

Net Amount Collected:

\$ _____

B. Materials and Supplies:

Attach copies of Purchase Orders or Request for Payments

Total Purchases:

\$ _____

C. Available Balance

(Net amount collected LESS total purchases)

\$ _____

D. Earnings - The rate may not exceed summer school rate of \$26/hour. The coach/sponsor must be a District employee and will be paid the Base Amount, however, there must be additional money in the account to cover PERA & FICA & benefits (approximately 22.35%).

List ALL coaches/sponsors. Use additional sheet if necessary.

Name (Last, First & MI)	Jeffco ID#	Hours X Rate	Base Amount
_____	_____	_____ hrs X \$_____ rate	\$ _____
_____	_____	_____ hrs X \$_____ rate	\$ _____
_____	_____	_____ hrs X \$_____ rate	\$ _____
_____	_____	_____ hrs X \$_____ rate	\$ _____

Base Amount Total : \$ _____

Additional Payroll Expenses (benefits, PERA, & FICA):

Multiply Base Amount Total x .2235 to obtain this estimated amount.

\$ _____

Total Earnings: Base Amount Total + Addt'l Payroll Expenses

\$ _____

****Total Amount Needed in Account to Cover Expenses:** (Total Purchases + Total Earnings) \$ _____

E. Remaining Balance: (Net amount collected LESS purchases, LESS total earnings)

\$ _____

Account may not be overdrawn

Designated Sport/Activity _____

Program Number _____

Reconciliation prepared by:

(Head Sponsor/Coach)

(Date)

Report verified by:

(Financial Secretary or District Cashier)

(Date)

Report verified by:

(Athletics or Activity Director)

(Date)