## POLICIES AND PROCEDURES MANUAL

## ATASCADERO AAUW, INC.

## 

**PART 3**

**Note: See Parts 1 and 2 of this Manual, posted separately, for the main portions of the Policies and Procedures Manual. APPENDIX G: JOB DESCRIPTIONS is found in Part 4.**

[APPENDIX A: ATASCADERO AAUW, INC. VOUCHER 1](#_Toc56844345)

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# APPENDIX A: ATASCADERO AAUW, INC. VOUCHER

Attach all receipts to this voucher form.

Submit to Financial Officer for reimbursement.

DO NOT USE FOR CONVENTIONS

|  |  |
| --- | --- |
| Name: | Signature: |
| Mailing Address: | Authorized by: |
|  | Date submitted: |

Date of

Receipt

Paid to

Item Purchased

Amount

Account to

Charge

Total:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Paid by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check No. \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_!

# APPENDIX B: ATASCADERO AAUW, INC. CONVENTION VOUCHER

Attach receipts to reporting form and submit to Financial Officer within 7 days after attending the convention.

USE THIS FORM ONLY FOR CONVENTION EXPENSES

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONVENTION ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF CONVENTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE FORM SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash Advance (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenditures:

Registration Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain

TOTAL Expenditures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check no. \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

# APPENDIX C: ATASCADERO AAUW, INC. CHECK REQUEST

Date of request:

Name of member making the request:

Payee name:

Payee mailing address:

Amount:

Purpose:

Date check is needed:

Attach any documentation that must accompany this check

Is this expense covered in the budget?

OR

Has the Board approved this expense? Attach minutes with approval

Check number: Issue date: Issued by:

# APPENDIX D: ATASCADERO AAUW, INC. ANNUAL REPORT

ANNUAL REPORT FOR YEAR OF

NAME DATE

POSITION

GOALS:

WHAT WAS ACCOMPLISHED:

WHAT WORKED?

WHAT DID NOT WORK?

RECOMMENDATIONS:

# APPENDIX E: APPLICATION TO REQUEST AAUW FUNDING

AAUW will target our philanthropic efforts to support programs that provide women and girls with opportunities for a lifetime of success. AAUW distributes funds for educational fellowships, grants, and programming to support advocacy, research, leadership development, and programs that break through educational and economic barriers affecting women. Further information on the mission is available at [www.aauw.org](http://www.aauw.org/). Only nonprofit organizations will be considered.

|  |
| --- |
| Organization: |
| Address: |
| Phone: Email: |
| Contact person: |
| Signature |
| Amount requested: Non-profit status (501c3, 501c4, etc): |
| Please provide a one sentence summary of your project: |

Provide a full description of your request including who, what, when, where, and why. Include how many women and girls will benefit if you receive the funds.

Describe how your project will advance the mission and goals of AAUW.

Is this a one-time project or will it continue?

Provide a budget for the entire project and how our donation will be expended. Include any other organizations you have requested and/or received funds from and the amount.

**Written report detailing expenditure of funds required from those accepting funds.** Have you requested funds before? no\_\_\_ yes\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach report detailing expenditures of any funds awarded.

Submit application to: AAUW Atascadero Branch, P.O. Box 1465, Atascadero, CA 93422 **MUST BE RECEIVED BY MAY 1 TO BE CONSIDERED FOR FUNDING THE FOLLOWING FALL.**

Atascadero AAUW, Inc.

P.O. Box 1465

Atascadero, CA 93423

Logo, company name

Description automatically generated

# APPENDIX F: ANNUAL CONFLICT OF INTEREST STATEMENT

for Board and Committee Members

Name:

Position:

I affirm that I:

1. Have received a copy of the conflict of interest policy;

2. Have read and understand the policy;

3. Agree to comply with the policy; and

4. Understand that the Branch is charitable and, in order to maintain its federal tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Signature:

Date: