

LUTHERVILLE TIMONIUM RECREATION COUNCIL

CHECK REQUEST VOUCHER

TO THE ACCOUNTANT,

Date \_\_\_\_\_

Please \_\_\_\_\_ Issue Check \_\_\_\_\_ Transfer

Payable to \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Purpose \_\_\_\_\_

Activity to be charged \_\_\_\_\_

Please: \_\_\_\_\_ Mail \_\_\_\_\_ Return to Activity Chairman or Treasurer \_\_\_\_\_ Receipt to follow

If payment is for services rendered and is being paid to an individual, that individual's social security number must be provided: # \_\_\_\_\_

For Accountant's use only

Paid by check # \_\_\_\_\_

Transfer recorded: \_\_\_\_\_

\*Payment authorization must be signed by Activity Chairman or Treasurer:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE NOTE:** Original invoice must accompany this voucher, and if seeking reimbursement, proof of payment is also required.

WHITE COPY-TREASURER

YELLOW COPY-RECREATION OFFICE

PINK COPY-ORIGINATOR

LUTHERVILLE TIMONIUM RECREATION COUNCIL

*RECEIPT FOR SERVICES*

Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Service: Umpire/Referee: \_\_\_ Other (Explain): \_\_\_\_\_

Date of Service: \_\_\_\_\_ Venue: \_\_\_\_\_

Teams: \_\_\_\_\_

Amount: \_\_\_\_\_ Cash Payment: \_\_\_ or Payment Due: \_\_\_

Home Team Manager's Signature: \_\_\_\_\_

Program: \_\_\_\_\_

Payment Authorized By: \_\_\_\_\_

(PROGRAM/ACTIVITY CHAIRMAN or TREASURER)

Phone Number or E-Mail Address: \_\_\_\_\_

Distribution:

Original (White): Accountant

Pink: Program Chair/Treasurer

Yellow: Retained By Payee

## SAMPLE DONATION ACKNOWLEDGEMENT LETTER

(Name of Donor)

(Address of Donor)

Dear XXXXX,

On behalf of the Lutherville-Timonium Recreation Council's (XXXXX) Program, I would like to thank you for your donation of (XXXXX). The Council is an IRS 501c(3) non-profit tax exempt organization. The federal tax identification number is 52-1071233. Your generosity allows us to meet our mission of providing public recreation programs for youths and adults in our county. Additionally, no consideration has been provided in return for your donation.

Sincerely,

MONTHLY TIME SHEET AND ACTIVITY DATA

\_\_\_\_\_ 21, To \_\_\_\_\_ 20, 20 \_\_\_\_\_

# of ACTIVITY DATA  
 HOURS VOLUNTEERS  
 DAY DATE WORKED ATTENDANCE SPECTATORS # HOURS

SAT						
SUN						
MON						
TUE						
WED						
THUR						
FRI						

TOTAL HOURS WEEK #1 (39 HRS MAX)

SAT						
SUN						
MON						
TUE						
WED						
THUR						
FRI						

TOTAL HOURS WEEK #2 (39 HRS MAX)

SAT						
SUN						
MON						
TUE						
WED						
THUR						
FRI						

TOTAL HOURS WEEK #3 (39 HRS MAX)

SAT						
SUN						
MON						
TUE						
WED						
THUR						
FRI						

TOTAL HOURS WEEK #4 (39 HRS MAX)

SAT						
SUN						
MON						
TUE						
WED						
THUR						
FRI						

TOTAL HOURS WEEK #5 (39 HRS MAX)

SAT						
SUN						

TOTAL HOURS WEEK #6

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GRAND TOTALS

AREA \_\_\_\_\_  
 COMMUNITY CODE # \_\_\_\_\_  
 CENTER \_\_\_\_\_

NAME: \_\_\_\_\_  
 (Last) (First) (M.I.)

PAYROLL #39- \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

COUNCIL: \_\_\_\_\_

EMPLOYEE SIGNATURE

**FOR OFFICE USE ONLY**

JOB TITLE CODE                      ACTIVITY CODE

\_\_\_\_\_

\_\_\_\_\_

TOTAL HOURS    x    PAY RATE    =    AMOUNT DUE

STAFF SIGNATURE

AREA COORDINATOR



BALTIMORE COUNTY  
 MARYLAND  
 Department of  
 Recreation and Parks

# Lutherville-Timonium Recreation Council

## Donation Record

<b>PROGRAM:</b>				
<b>EVENT TYPE:</b>				<b>DATE:</b>
ITEM	DONOR	ITEM DESCRIPTION	VALUE	DOLLARS RECEIVED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,