FINANCIAL GUIDE

FINANCIAL SECRETARY
TREASURER
FINANCE AUDIT COMMITTEE
JUNIOR COMMANDER AND COUNSELOR

MELISSA SIAS and PHILIP STIELL
NATIONAL TREASURER
JULY 2008
(Updated through May 2010)
Greetings, My Claver Sisters

From the office of the National Treasurer, it has been my privilege to serve you the members of Knights of Peter Claver Ladies Auxiliary. As Samuel said to the Lord, I say to you: “Speak for your servant is listening.” You, the membership have requested uniformity in managing, maintaining and recording finances of our Noble Order. I have “listened” and appreciate you the membership for the initiative demonstrated by requesting financial uniformity when handling finances within our Noble Order. We the membership must continue to strive for compliance, timeliness and accuracy managing and recording finances.

To meet your expectation, we developed a Financial Reference Guide. This book is intended to enhance your knowledge, utilized to perform workshops, serve as a reference and increase your proficiency and efficiency when managing the finances within your local Court, District and State.

For our Noble Order to continue to grow financially in the future, it is imperative to promote and support Special Programs, Corporate Sponsorship etc.

I rely on you the membership to provide feedback for this Financial Reference Guide. Please email your feedback.

Sincerely,

Melissa Sias

Melissa Sias, National Treasurer
Knights of Peter Claver, Ladies Auxiliary
My Brothers and Sisters in Claverism,

Greetings! I am honored to have the privilege of serving you as National Treasurer for the past two years. Thank you for your confidence in electing me to this office. I appreciate your support as I have worked to continue the progress of the Knights of Peter Claver and the Knights of Peter Claver Ladies Auxiliary.

This Financial Guide is a compilation of tools to be used by those officers who have financial responsibilities. It is the brainchild of my counterpart in the Ladies Auxiliary, National Treasurer Gracious Lady Melissa Sias. I am grateful to her for the countless hours she has spent in researching, typing, retyping and organizing the material. I see it is a sign of dedication to her office and her devotion to the Knights of Peter Claver and Knights of Peter Claver Ladies Auxiliary.

You will find many useful items in this booklet, from forms to reference materials. It is intended to be a ready source of commonly used tools necessary to fulfill your duties in your local councils and courts. It will aid you in compliance, timeliness and accuracy needed in effectively managing, recording and reporting your financial transactions.

We all know that the strength of the Knights of Peter Claver and Knights of Peter Claver Ladies Auxiliary is directly dependent upon the strength of its members and the strength of its local units. Gracious Lady Sias and I, together with the Most Worthy Supreme Knight and Most Esteemed Supreme Lady and our other colleagues on the National Boards of Directors want you to be successful. We believe this Financial Guide will be of benefit to you. Refer to it and use it as you carry out your duties.

For The Good of The Order,

Philip B. Stiell
National Treasurer
Knights of Peter Claver
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Knights of Peter Claver, Inc.
National Office Staff Directory
1825 Orleans Avenue
New Orleans, LA 70116-2984

Office Number: 504-821-4225/4226
Fax Number: 504-821-4253

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>Contact Mrs. Debra Frazier</td>
<td>Ext. 10</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>Mrs. Debra Frazier</td>
<td>Ext. 10</td>
</tr>
<tr>
<td>Assistant/Knights/Jr. Knights Division</td>
<td>Ms. Deborah Bodley</td>
<td>Ext. 11</td>
</tr>
<tr>
<td>Assistant/Ladies/Jr. Daughters Division</td>
<td>Ms. Janice Jackson</td>
<td>Ext. 13</td>
</tr>
<tr>
<td>Purchasing and Supply Officer</td>
<td>Mr. Anthony Collins</td>
<td>Ext. 16</td>
</tr>
<tr>
<td>Accountant</td>
<td>Mr. Reginald Johnson</td>
<td>Ext. 14</td>
</tr>
<tr>
<td>Accounting Clerk/Benefits</td>
<td>Mrs. Charlene Thierry</td>
<td>Ext. 17</td>
</tr>
</tbody>
</table>
SUBORDINATE COUNCIL / COURT OFFICERS DUTIES

AND

FORMS FOR OFFICE

Financial Secretary

Treasurer

Board of Trustee

Commander / Counselor
Financial Secretary’s Tool

1. Council / Court Seal
2. Secretary Warrant Book (Voucher Book) – Ordered from National Office
3. Receipt Book with duplicate forms
4. Supply Order Form
5. Supply List
6. Transfer Forms
7. Change of Beneficiary
8. Death Claim Forms
9. Membership Applications
10. Membership Ledger (Sheets ordered from National Office)
11. Membership Roster
12. Brochures
   - Catholic Action
   - KPC / KPCLA
FINANCIAL SECRETARY

1. Maintains accurate and concise records of all financial transactions of the Council/Court.

2. Maintains membership roll, addresses, and date of initiation, beneficiary, reinstatement, suspension, expulsion, transfer or death.

3. Receives ALL MONIES, and provides a RECEIPT for ALL MONIES COLLECTED. Use the KPC Treasurer Standard Receipt Book.

4. Keeps record of all dues, assessments, fees, and fines collected at, or between meetings.

5. At the end of all Council / Court meeting, or between meetings of the Council / Court turns over to the TREASURER all monies received.
   - Completes Secretary's Warrant (see KPC supply list) present to Grand Lady for signature, hands to Treasurer.
   - Prepares a monthly report for receipt of monies collected.
   - Communicate to membership prior to end of court meeting receipt of monies collected.

6. Receipt of monies collected MUST reconcile with amount of monies given to Treasurer for deposit at the end of Council / Court meeting, or between meetings.

7. Forwards to National Office, following each meeting all dues, assessment fees, membership roster.
   - **Senior Council/Court** Membership roster is to bear the signature of the Grand Knight / Lady and financial secretary. Council/Court seal is affixed on form. If the Council/Court does not have a Council/Court seal, indicate on the roster (no Council/Court seal).
   - **Junior Branch/Court** membership roster is to bear the signature of the Junior Commander/ Counselor. Council/Court seal is affixed on form. If the Council/Court does not have a Council/Court seal, indicate on the roster (no Council/Court seal).

8. Notifies the Executive Director at the National Office of all transfers, reinstatements, suspensions, expulsion, initiations of new members and death of members in the Council/Court.

9. Conducts all correspondence pertaining to the Council/Court, make quarterly reports of all financial transaction to the Officers and Members of Council/Court, the Executive Director, and District or State Deputy.

10. Submits an annual report covering the period from January 1st to December 31st of each year.
    - Attach a roster of all active members.
    - Roster is reviewed by the Executive Director for discrepancies and corrected immediately

11. Furnishes bonds for the office of Financial Secretary. The bond shall be paid by the Council/Court.
    - **Check with insurance company for cost of Fidelity Bonds within your state**

12. Responsible for the Council/Court Seal.

KNIGHTS OF PETER CLAVER

Application for Membership
In the

KNIGHTS OF PETER CLAVER LADIES AUXILIARY

(Applications Must be Filled Out in Ink – Print or Type)

1. I, ____________________________ Address ____________________________
City or Town of ____________________________ State of ____________________________ Zip Code ____________________________

Telephone No: ____________________________ hereby apply for membership in the Knights of Peter Claver Ladies Auxiliary through ____________________________ Court No. ____________________________ and do declare and say.

2. That I was born in the City or Town ____________________________ on the ___ day of ____________________________ in the year of 19 ____________ and I am now ___ years of age.

3. That I am married, single or a widow (state which) ____________________________.

4. That I am a practicing Roman Catholic and usually attend ____________________________ Church of the above City or Town. ____________________________ Name of Church

5. That I will remain and continue a practical Roman Catholic or failing so to do, forfeit my membership in said Knights of Peter Claver, Ladies Auxiliary.

6. That I have never been a member or proposed as a member of any Court of said Knights of Peter Claver, Ladies Auxiliary. (If a member before, state when and where, and how connection severed.) If proposed before (state when and where, and what result.) ____________________________.

7. That my occupation is ____________________________ My employer’s business is ____________________________.

8. That forfeiture of membership as set forth herein or in the laws of said Knights of Peter Claver, Ladies Auxiliary shall include forfeiture of all rights, claims or advantages connected therewith, including insurance, if any, and also monies paid by me to the Knights of Peter Claver, Ladies Auxiliary.

9. That I will conform to and abide by the Constitution, By-Laws, Rules and Regulations of said Knights of Peter Claver, Ladies Auxiliary thereof, of which I may at any time be a member, which may now or hereafter be adopted by the proper authorities, or submit to the penalty now or hereafter provided or the breach or violation of such Constitution, By-Laws, Rules and Regulations.

10. That I will abide by the decision of the Board of Directors of said Knights of Peter Claver, Ladies Auxiliary or their successors, in all matters of difference or dispute between said Knights of Peter Claver, Ladies Auxiliary thereof, and myself, relative to membership or the obligations thereof. I hereby waive and surrender any right which may or might otherwise have, to bring, institute and prosecute any suit against said Knights of Peter Claver, Ladies Auxiliary in any Court of Law, or Equity, in this or any other state in the United States, or any other country.

11. In consideration of the privilege of making this application and of being admitted to membership in said Knights of Peter Claver, Ladies Auxiliary, I do hereby warrant each and every statement by me made in the foregoing application to be true, and agree, that if at any time it shall be shown that any of such statements in this application be not true, I shall thereby forfeit all rights to membership in said Knights of Peter Claver, Ladies Auxiliary.

12. Full death benefits will be paid for any and all deaths occurring within the Continental United States to the beneficiary or beneficiaries of any soldier, sailor aviator or any member of the armed forces of this or any other country who is a financial member of the Order at the time of death.

13. Beneficiary – Mr., Mrs., Miss, ____________________________ Relationship ____________________________.

QUESTIONS TO BE ANSWERED BY THE APPLICANT

(a) Have you complied with your Easter duty at the Easter time, previous to this application, as required by the law of the Church?

(b) If not, have you since received Holy Communion? __________ Unless an unqualified affirmative answer is given to one of the above questions this application cannot be considered.

(c) Were you a member of any secret organization other than the Knights of Peter Claver, Ladies Auxiliary? If so state fully name ____________________________ and so forth ____________________________.

14. I hereby give as references the following two members of the K. of P. C. of this City or State:

Name ____________________________ Address ____________________________

Name ____________________________ Address ____________________________

My residence before the one hereinafter stated was: ____________________________ Street ____________________________ City ____________________________ State ____________________________

In signing my name hereto I certify that I have read this application and am fully acquainted with its contents.

Signed by me this ____________________________ day of ____________________________, 20 ____________.

Applicant Signature ____________________________ Pastor Signature ____________________________

Name of Court ____________________________ Court No. ____________________________

Grand Ladies on presentation and balloting, shall read such statements in this application as are connected with or qualified by written insertion, also the proposed certificate. Applicants for Membership must be eighteen (18) years old.
KNIGHTS OF PETER CLAVER, LADIES AUXILIARY
PROPOSER’S CERTIFICATE

I, the undersigned, proposer of the above applicant, hereby certify on my honor as a member of the Knights of Peter Claver, Ladies Auxiliary, that I have known said applicant for ____________ years, and known her to be a practical Roman Catholic. That I have read the foregoing application and believe that all statements contained therein are true, and do not know anything to the contrary. I hereby give my Unqualified endorsement of said applicant as a fit and desirable member of the Knights of Peter Claver, Ladies Auxiliary and eligible by occupation and otherwise under the laws and rules of the Knights of Peter Claver for membership therein.

_________________________________
Signature of Proposer

DEATH BENEFITS
Effective September 1, 1997

AGE             BENEFIT
18 through 30 .......................$2,500
31 through 35 .......................$2,087
36 through 40 .......................$1,900
41 through 45 .......................$1,712
46 through 50 .......................$1,600
51 through 55  .......................$1,450
56 and Older .......................$1,225
APPLICATION FOR MEMBERSHIP
IN THE
KNIGHTS OF PETER CLAVER
(APPLICATIONS MUST BE FILLED OUT IN INK — Print or type)

1. I, __________, Address __________
City or Town of __________ State of __________ Zip Code __________
Telephone #, __________ hereby apply for membership in the Knights of Peter Claver
through __________ Council No. __________, and do declare and say:

2. That I was born in the City or Town of __________ State of __________
on the __________ day of __________ in the year 19 __________ and I am now __________ years of age.

3. That I am married, single or a widower (state which)

4. That I am a practical Roman Catholic and usually attend __________ Church of the above City or Town.

5. That I will remain and continue a practical Roman Catholic or, failing so to do, forfeit my membership in said Knights of Peter Claver.

6. That I have never been a member or proposed as a member of any Council of said Knights of Peter Claver.

7. That my occupation is __________ My employer’s business is __________

8. That forfeiture of membership as set forth herein or in the laws of said Knights of Peter Claver shall include forfeiture of all rights, claims or advantages connected therewith, including insurance, if any, and also all moneys paid by me to the Knights of Peter Claver or any Council thereof.

9. That I will conform to and abide by the Constitution, By-Laws, Rules and Regulations of said Knights of Peter Claver, and of any Council thereof, of which I may at any time be a member, which may now be in force, or which may at any time hereafter be adopted by the proper authorities, or submit to the penalty now or hereafter provided for the breach or violation of such Constitution, By-Laws, Rules and Regulations.

10. That I will abide by the decision of the Board of Directors of said Knights of Peter Claver, or their successors, in all matters of difference or dispute between said Knights of Peter Claver, or any Council thereof, and myself, relative to membership or the obligations thereof. And I hereby waive and surrender any right which I may or might otherwise have, to bring, institute and prosecute any suit against said Knights of Peter Claver, or any Council thereof, in any Court of Law, or Equity, in this or any other state in the United States, or any other country.

11. In consideration of the privilege of making this application and of being admitted to membership in said Knights of Peter Claver or any Council thereof, I do hereby warrant each and every statement by me made in the foregoing application to be true, and agree, that if at any time it shall be shown that any of such statements in this application be not true, I shall thereby forfeit all rights to membership in said Knights of Peter Claver.

12. Full death benefits will be paid for any and all deaths occurring within the Continental United States to the beneficiary or beneficiaries of any soldier, sailor, aviator or any member of the armed forces of this or any other country who is a financial member of the Order at the time of his death.

13. Beneficiary—Mr., Mrs., Miss __________

Relationship __________

QUESTIONS TO BE ANSWERED BY THE APPLICANT

(a) Have you complied with your Easter duty at the Easter time, previous to this application, as required by the law of the Church?
(b) If not, have you since received Holy Communion?
(Unless an unqualified affirmative answer is given to one of the above questions this application cannot be considered.)
(c) Were you a member of any secret organization other than the Knights of Peter Claver? If so, state fully name and so forth

14. I hereby give as references the following two members of the K. of P. C. of this City or State:
Name __________, Address __________
Name __________, Address __________

My residence before the one hereinbefore stated was:
No. __________, Street __________, __________ (city) __________ (state)

In signing my name hereto I certify that I have read this application and am fully acquainted with its contents.
Signed by me this __________ day of __________, 19 __________.
(Signature of Applicant)

(Pastor’s Signature) __________ (Name of Council) __________

Council No. __________
K N I G H T S  O F  P E T E R  C L A V E R
K N I G H T S  O F  P E T E R  C L A V E R  L A D I E S  A U X I L I A R Y

APPLICATION FOR MEMBERSHIP

1. A candidate must be 18 years old to complete application for membership and must be a practicing Roman Catholic.

2. The application is completed by the candidate, returned to the Grand Lady.

3. The application is signed by the Grand Lady, Financial Secretary, and the Pastor of the Church.

4. All candidates are balloted upon for approval by 2/3 vote of the membership present.

5. A quorum must be present for balloting.

6. Initiation fees and assessment is collected to pay for: initiation fee, Knights of Peter Claver, and Knights of Peter Claver Ladies Auxiliary Constitution By Laws (latest edition), Fee Assessment Book, and KPCLA lapel pin.

7. Application Fee - *12.00 (Prices subject to change)
   • $ 7.00 - of the application fee is remitted to the National Office.
   • $ 5.00 - is retained by the district Unit’s Treasury.
   • $ 2.00 – for new members in states where KPC does not hold an insurance license.
   • $ 4.00 – Constitution Book
   • $ 4.00 – Handbook
   • $ 0.75 – Assessment Book Dues
   • $ 4.00 – Lapel pin

8. Three months’ due is recommended to be paid in advance.

9. Candidates are required to pay Initiation Fee prior to initiation.

10. Junior Division transfer is not required to submit an initiation fee.

11. Fez and Sash are to be purchased.

12. Member is reinstated by paying ALL BACK DUES. The member will retain current certificate number and insurance benefit.

13. Members who do not wish to repay back dues MUST Surrender current Certificate and complete a new application.
   • Membership in the organization begins again on the new REINSTATED Certificate.
THE UNDERSIGNED APPLICANT HAS APPLIED FOR MEMBERSHIP IN THE KNIGHTS OF PETER CLAVER, KNIGHTS OF PETER CLAVER, LADIES AUXILIARY. APPLICANT AGREES TO THE FOLLOWING TERMS AS A CONDITION OF THE INITIATION INTO THE KNIGHTS OF PETER CLAVER, KNIGHTS OF PETER CLAVER, LADIES AUXILIARY.

1. THE KNIGHTS OF PETER CLAVER LIFE INSURANCE PROGRAM IS CURRENTLY UNAVAILABLE TO APPLICANT.

2. APPLICANT SHALL BE INITIATED AS AN ASSOCIATE UNINSURED MEMBER.

3. APPLICANT'S MONTHLY DUES SHALL BE $2.00.

4. UPON RECEIPT OF AUTHORITY TO ISSUE LIFE INSURANCE COVERAGE IN APPLICANT'S STATE, APPLICANT SHALL BE ENROLLED IN THE KNIGHTS OF PETER CLAVER LIFE INSURANCE PROGRAM.

5. APPLICANT'S AGREES TO PAY MONTHLY DUES OF $7.10 OR OTHER AMOUNT AS ESTABLISHED FOR THE INSURED MEMBERS BEGINNING THE MONTH IN WHICH THE POLICY OF LIFE INSURANCE IS ISSUED TO APPLICANT.

6. APPLICANT MUST PAY THE FIRST MONTH'S DUES AS AN INSURED MEMBER BEFORE A POLICY OF INSURANCE IS DELIVERED TO APPLICANT.

APPLICANT HAS READ THE ABOVE TERMS AND UNDERSTANDS THAT THE ABOVE CONSTITUTES A LEGAL AND BINDING AGREEMENT BETWEEN APPLICANT AND THE KNIGHTS OF PETER CLAVER, INC.

(Please read before signing)

Date: _______________________ 20____

Signature of Applicant

________________________________

Signature of District Deputy
Knights of Peter Claver/Knights of Peter
Claver, Ladies Auxiliary
New Member Agreement Form Explanation

1. This form is completed in states where insurance is unavailable to applicants.

2. The Deputy for that district will have the applicant read and sign the agreement form.
## Knights of Peter Claver
### Knights of Peter Claver Ladies Auxiliary

### Transfer Form

**Check:**
- ________Senior
- ________Junior

**Class**

**Membership**

**Section 1. For Use Only of Member Wishing to Transfer**

| I, _________________________________ a member of |
| (City/State) 20 __________________ |
| _________________________________ (Name of Unit) |
| Unit No. __________________ of ________________________________ do hereby apply for transfer of membership to |
| (City and State) |
| to _________________________________ Unit No. __________________ of |
| (Name of Unit) |
| _________________________________ (City and State) |
| _________________________________ (Signature of Applicant) |

**Section 2. For Use ONLY of Court Requesting Transfer**

| _________________________________ (City and State) 20 ______ |
| _________________________________ (Name of Unit) |
| _________________________________ on 20 ______, the application for transfer of the above member was approved. |
| _________________________________ (Financial Secretary / Commander / Counselor) |
| _________________________________ (Grand Knight / Grand Lady) |

**Section 3. For Use ONLY of Court Accepting or Rejection**

| _________________________________ (City and State) 20 ______ |
| _________________________________ (Name of Unit) |
| _________________________________ on 20 ______, the application for transfer of the member applying in Section 1 above was |
| _________________________________ (SEAL) |
| _________________________________ (Financial Secretary / Commander / Counselor) |
| _________________________________ (Grand Knight / Grand Lady) |

**Section 4. For Use ONLY of the Office of National Secretary**

| _________________________________ (City and State) 20 ______ |
| _________________________________ of Unit No. ______ of |
| _________________________________ have accepted, is hereby officially declared a member of Unit No. ______ as of |
| _________________________________ (SEAL) |
| _________________________________ Signature of Executive Director |
Transfer Form Explanation

1. Form is completed by Commander/Counselor for any Junior transferring to Senior Council/Court.

2. Check Junior on Transfer Form.

3. Commander / Counselor present a Senior Application for membership after completion to the Senior Division.

4. Senior Application is completed by the Junior Knight/Daughter and signed by the Pastor of the Church.

5. Both forms are required for initiation.

6. Junior transfers do not pay initiation fees.

7. Any member wishing to transfer to another unit shall notify the Financial Secretary of his/her unit. Financial Secretary shall furnish the member with the official “Request For Transfer of Membership”

8. Financial Secretary (Commander / Counselor) completes Section 2 Request for Transfer in the Council/Court, Junior Branch/Court meeting.

9. If the member is “Accepted” by the Council/Court, Junior Branch/Court, then the Financial Secretary, Commander /Counselor shall complete Section 3 of the form all 3 copies are forwarded to the National office.

10. “Reject” Member, the Financial Secretary, Commander /Counselor returns the form to perspective Council/Court, Junior Branch/Court from which it came.
**KNIGHTS OF PETER CLAVER**
**KNIGHTS OF PETER CLAVER LADIES AUXILIARY**

City and State ____________________________________________________________

Please check which Quarter this report covers.

<table>
<thead>
<tr>
<th>Quarter</th>
<th>1st Quarter (January – March)</th>
<th>2nd Quarter (April – June)</th>
<th>3rd Quarter (July – September)</th>
<th>4th Quarter (October – December)</th>
</tr>
</thead>
</table>

Collections for the Year 20____

<table>
<thead>
<tr>
<th>Collections</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court Dues</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>• Initiation Fee/Exemplification</td>
<td></td>
</tr>
<tr>
<td>• Re-instatement</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
</tr>
<tr>
<td>• Sickle Cell</td>
<td></td>
</tr>
<tr>
<td>• Special Charity</td>
<td></td>
</tr>
<tr>
<td>• Soaring High</td>
<td></td>
</tr>
<tr>
<td>• Social Justice/Human Development</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Other Collections</td>
<td></td>
</tr>
<tr>
<td>• National Raffle/Scholarship</td>
<td></td>
</tr>
<tr>
<td>• Xavier Fund/UNICEF</td>
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<tr>
<td>• Earl Harvey Foundation</td>
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</table>

Total Collections: ________________

Distributions for the Year 20____

<table>
<thead>
<tr>
<th>Distributions</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues and Fees</td>
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</tr>
<tr>
<td>Contributions</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Other Disbursements</td>
<td></td>
</tr>
</tbody>
</table>

Total Disbursements: ________________

Asset Balance for the Year 20____

<table>
<thead>
<tr>
<th>Assets Balance</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Cash-in-Bank</td>
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</tr>
<tr>
<td>(Checking &amp; Regular Savings)</td>
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</tr>
<tr>
<td>CDs &amp; Investments</td>
<td></td>
</tr>
<tr>
<td>Land &amp; Building</td>
<td></td>
</tr>
<tr>
<td>(Actual purchase price)</td>
<td></td>
</tr>
<tr>
<td>• Date of purchase</td>
<td></td>
</tr>
<tr>
<td>Furniture &amp; Equipment</td>
<td></td>
</tr>
<tr>
<td>(Actual purchase price)</td>
<td></td>
</tr>
<tr>
<td>• Date purchase</td>
<td></td>
</tr>
<tr>
<td>Other Assets:</td>
<td></td>
</tr>
<tr>
<td>• Mutual Funds</td>
<td></td>
</tr>
<tr>
<td>• Super Savings Account</td>
<td></td>
</tr>
<tr>
<td>• Total Asset</td>
<td></td>
</tr>
</tbody>
</table>

Total Asset: ________________

Liabilities for the Year 20____

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Describe Nature)</td>
<td></td>
</tr>
<tr>
<td>Attorney Fee</td>
<td></td>
</tr>
<tr>
<td>Property Damage</td>
<td></td>
</tr>
</tbody>
</table>

Total Liabilities: ________________

**PLEASE COMPLETE THE FOLLOWING:**

1. Does your Council/Court have a federal tax identification number ____YES ____NO
   If yes type or print it on this line ________________________________

2. Attach a copy of your December 20___ Bank Statement(s) and sign below.

Signature of Grand Knight/Grand Lady

Signature of Financial Secretary/faithful Comptroller

Commander/Counselor

Revised 2008, M Sias, National Treasurer

Subordinate Unit Quarterly / Annual Report
Knights of Peter Claver

Knights of Peter Claver Ladies Auxiliary

Form Explanation

1. This form is completed quarterly and annually.

2. Form is sent to the National Office to the Executive Director.

3. Form is to be mailed to the National office by prior to the 30th of April, July, October, and January.

4. Report all funds disbursements, asset, liabilities collected.
To Executive Director:

Re: Employer Identification Number: 72-0393921

The Officers and Members of _____________________________ Council / Court _____________________________ hereby, authorize the National Council of the Knights of Peter Claver, Inc., to add its Council under Federal Income Tax Exemption status of the Knights of Peter Claver, Inc., for the year 20____, which was approved by the Internal Revenue Service on October 28, 1968, under Section 501 (C) (8) of the Internal Revenue Service Code.

Attach a copy of your December Bank Statement 20____(s) and sign below.

________________________________________________________
Signature of Grand Knight/ Grand Lady

________________________________________________________
Signature of Financial Secretary

Federal Income Tax Exemption Form Explanation
1. This form is completed each year by Council and Courts and mailed to the National Office. A copy of the completed form is maintained for record keeping.

2. Grand Knight, Grand Lady and Financial Secretary must sign the form and affix the Council or Court seal.
Change of Name Form

(Please Note: This Form Must Be Filled Out In Duplicate)

Class No.……………………………………………………………………………..

Certificate No. ……….

Date____________________________20________

1 –Section For Use ONLY of Members Changing Name

The Executive Director of the Knights of Peter Claver Ladies Auxiliary, is hereby requested and authorized to change the name on my Certificate of Membership and / or the records of the Office of Executive Director from

________________________________________________________________________

to ______________________________________________________________________

The reason for requesting this change is as follows: (check with X)
η Marriage
η Incorrect Name

I hereby surrender the certificate for this purpose, and I certify that I am the identical person originally insured under this certificate under the name to which it is now issued.

____________________________
Signature of Member

Witnesses:

___________________________
___________________________
(Please Note: at least one of the two witnesses must be a member of the Knights of Peter Claver.

Section 2 – For Use ONLY of the Court Requesting Change

The above change of name for Lady __________________________________ has been made
on the books of _____________________ Court No. _______ as of _______________20_____.

SEAL
Signed: ____________________________
Financial Secretary

Section 3 – For Use ONLY of the Office of Executive Director

The above change of name has been recorded as of ____________________________20___

SEAL

____________________________
Executive Director

White – Executive Director Yellow – Court Requesting Change Service Printing Co. (334) 269-005
1. Member requesting a change of name must complete form.

2. Section 1 is completed by the member requesting name change.

3. Section 2 is completed by the Financial Secretary and the White copy is sent to the National Office to Mrs. Janice Jackson.

4. The yellow copy is retained by the Financial Secretary.

5. Section 3 is completed by the National Office.

6. The Financial Secretary is to check on the Monthly Dues Report for the membership name change.

7. Contact National Office and speak with Mrs. Janice Jackson if the change of name does not appear on the Monthly Dues Report.
Section 1 – For Use ONLY of Member Changing Beneficiary

Date ___________________________   Certificate Number ______________

The Executive Director of the Knights of Peter Claver is hereby authorized to change my beneficiary to:

Name(s) _________________________________________________________________________________________________
_______________________________________________________________________________________________

Relationship ___________________________________________________________  Age __________________

_______________________________________________________________________________________________

Signature of Member

Mailing Address of Beneficiary

Name(s) _________________________________________________________________________________________________

Address _________________________________________________________________________________________________

City/State ________________________________  Zip Code + 4 __________________

Section 2 – For Use ONLY of the Council / Court Requesting Change

The above change of beneficiary for:

_______________________________________________________________________________________________

(Name of Member)

Has been made on the books of ________________________________________________________________________________

Council / Court No. ____________________ as of __________________________  20 _______

SEAL

____________________________________________  Signature of Financial Secretary

Section 3 – For Use ONLY of the Office of Executive Director

The above change is approved and has been recorded as of

_______________________________________________________________________________________________

20 _______

SEAL

___________________________________  Executive Director

1. White copy for Executive Director

2. Yellow Copy for Council/Court requesting change.

Revised M. Sias, National Treasurer- 2008
1. Section one is completed by the member.

2. Section two is completed by the Financial Secretary and Submitted to National Office

3. Section three is completed by the National office.

4. Minors named as beneficiary, a Guardian for the minor must also be named.

5. If the beneficiary expires before the member, the member is responsible for naming a new beneficiary.
1. Use to document monies collected for payment of dues and fees.

Example Delinquent Dues Letter
May 4, 2008

St. Elizabeth Seaton Council / Court 500
Knight / Lady J. Jones
1234 Beach Street
Holy Land, GA. 23202

Dear Brother/Lady Jones,

Below is a listing of your financial record with the Council/Court as of the above date. Keep in mind that after three (3) months of delinquency, you are dropped from the roll of the Order, and your Insurance lapses if you are an insured member.

Please come to the next meeting prepared to bring current all your delinquent obligations. If you are unable to attend the meeting or required some assistance, please contact the Grand Knight/Grand Lady immediately.

If you have any question, please feel free to call me.

Dues: $________________________
Annual Assessment: $________________________
Total Amount Dues: $________________________

Sincerely,

Financial Secretary

Copy to the Grand Knight/Grand Lady or give the Grand Knight/Lady a list of the names of all Knights/Ladies to whom you sent this letter to.
KNIGHTS OF PETER CLAVER
KNIGHTS OF PETER CLAVER LADIES AUXILIARY

Senior Unit Officers For the Year 20__

Please Type or Print Legible

(Council or Court Secretary is to complete this form and send one copy to the following: National Office, National Secretary, Deputy of your State or District and President of your State or District before 01/31/20__).

Council/Court Name________________________________________ Number________________
City______________________________________________________________________State___________________

1. Grand Knight/Lady: Name)
__________________________________________________________________________________
Address: ___________________________________________________________________________________________________
City/State/Zip Code: __________________________________________________________________________________________
Telephone Number: ______________________________________EMAIL Address: _______________________________________

2. Deputy Grand Knight/Vice Grand Lady: __________________________
__________________________________________________________________________________
Address: ___________________________________________________________________________________________________
City/State/Zip Code: __________________________________________________________________________________________
Telephone Number: ______________________________________EMAIL Address: _______________________________________

3. Financial Secretary: __________________________
_______________________________________________________________________________________
Address: ___________________________________________________________________________________________________
City/State/Zip Code: __________________________________________________________________________________________
Telephone Number: ______________________________________EMAIL Address: _______________________________________

4. Recording Secretary: __________________________
_______________________________________________________________________________________
Address: ___________________________________________________________________________________________________
City/State/Zip Code: __________________________________________________________________________________________
Telephone Number: ______________________________________EMAIL Address: _______________________________________

5. Treasurer: __________________________
_______________________________________________________________________________________________
Address: ___________________________________________________________________________________________________
City/State/Zip Code: ___________________________________________________________________________________________
Telephone Number: ______________________________________ EMAIL Address: ______________________________________

6. Warden: __________________________
_________________________________________________________________________________________________
Address: ___________________________________________________________________________________________________
City/State/Zip Code: __________________________________________________________________________________________
Telephone Number: _______________________________________EMAIL Address: _______________________________________

7. Outer Guard: __________________________
_____________________________________________________________________________________________
Address: ___________________________________________________________________________________________________
City/State/Zip Code: __________________________________________________________________________________________
Telephone Number: _______________________________________EMAIL Address: _______________________________________

__________________________________________________________
__________________________________________________________
8. Inner Guard: ________________________________________________________________
Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone Number: ______________________________________ EMAIL Address: ______________________________________

9. Lecturer: ________________________________________________________________________________________________
Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone Number: ______________________________________ EMAIL Address: ______________________________________

10. Chaplain: ________________________________________________________________________________________________
Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone Number: ______________________________________ EMAIL Address: ______________________________________

11. Board of Trustee: ________________________________________________________________________________________
Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone Number: ______________________________________ EMAIL Address: ______________________________________

12. Board of Trustee: ________________________________________________________________________________________
Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone Number: ______________________________________ EMAIL Address: ______________________________________

13. Board of Trustee: ________________________________________________________________________________________
Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone Number: ______________________________________ EMAIL Address: ______________________________________

14. Commander/Counselor: __________________________________________________________
Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone: ____________________________________________ EMAIL: _____________________________________________

Address: ________________________________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________________________
Telephone: _________________________________ EMAIL: ________________________________

Revised M. Sias, National Treasurer -2008
Senior Unit Officers Form Explanation

1. Senior Unit Officer Form is mailed to the Financial Secretary from the National Office during the month of November / December.

2. Complete this form in entirety after election of office in December and follow the directions at the top of the form for submission.

3. For questions concerning this form contact Ms. Janice Jackson at the National Office.

4. The original form is sent to The National Office
   - Debra Bodley – Knight Division
   - Janice Jackson – Ladies Division
   - Christy Hall – Junior Division

5. Submit a copy of this form to the National Secretary, State/District Deputy prior to January 31st of each year.
EFFECTIVE... DECEMBER 1, 2002 AND UNTIL FURTHER NOTICE, IN WRITING FROM THIS OFFICE, THE FOLLOWING PRICES WILL PREVAIL FOR SUPPLIES.

**PAYABLE IN ADVANCE**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>BADGES: (MUST BE SIX OR MORE)</td>
<td>10.00</td>
</tr>
<tr>
<td>BANNERS **</td>
<td></td>
</tr>
<tr>
<td>BAGS: ATTACHE (CANVAS)</td>
<td>35.00</td>
</tr>
<tr>
<td>BIBLES: 8 x 12 WHITE IMITATION LEATHER</td>
<td>35.00</td>
</tr>
<tr>
<td>BOOKS: ASSESSMENT (SENIOR DIVISION)</td>
<td>1.00</td>
</tr>
<tr>
<td>CONSTITUTION KNIGHTS</td>
<td>4.00</td>
</tr>
<tr>
<td>BY-LAWS LADIES</td>
<td>4.00</td>
</tr>
<tr>
<td>JR KNIGHTS</td>
<td>2.00</td>
</tr>
<tr>
<td>JR DTRS</td>
<td>2.00</td>
</tr>
<tr>
<td>HANDBOOK (KNIGHTS &amp; LADIES)</td>
<td>4.00</td>
</tr>
<tr>
<td>SECRETARY’S FINANCIAL LEDGER: BINDER</td>
<td>35.00</td>
</tr>
<tr>
<td>100 LEDGER SHEETS</td>
<td>20.00</td>
</tr>
<tr>
<td>SECRETARY’S WARRANT</td>
<td>30.00</td>
</tr>
<tr>
<td>TREASURER’S STANDARD RECEIPT</td>
<td>25.00</td>
</tr>
<tr>
<td>CERTIFICATES: ALL DUPLICATE MEMBERSHIP CERTIFICATES</td>
<td>3.00</td>
</tr>
<tr>
<td>EMBLEMS: LAPEL PINS: (KNIGHTS &amp; LADIES)</td>
<td>4.00</td>
</tr>
<tr>
<td>DECALS (FOR WINDSHIELDS)</td>
<td>3.00</td>
</tr>
<tr>
<td>AUTOMOBILE LICENSE PLATES</td>
<td>10.00</td>
</tr>
<tr>
<td>ALL FEZZES: KNIGHTS OR LADIES (STATES)</td>
<td>40.00</td>
</tr>
<tr>
<td>FEZ CASES: BLACK OR WHITE</td>
<td>25.00</td>
</tr>
<tr>
<td>STABILIZERS (RED OR WHITE)</td>
<td>10.00</td>
</tr>
<tr>
<td>RAIN COVER</td>
<td>8.00</td>
</tr>
<tr>
<td>GAVEL: KNIGHTS AND LADIES</td>
<td>25.00</td>
</tr>
<tr>
<td>MEDALLIONS: KNIGHTS AND LADIES</td>
<td>15.00</td>
</tr>
<tr>
<td>RITUAL: SENIOR DIVISIONS (WHEN AUTHORIZED)</td>
<td>5.00</td>
</tr>
<tr>
<td>JUNIOR DIVISIONS (WHEN AUTHORIZED)</td>
<td>3.00</td>
</tr>
<tr>
<td>ROSARIES: KNIGHTS</td>
<td>10.00</td>
</tr>
<tr>
<td>LADIES</td>
<td>10.00</td>
</tr>
<tr>
<td>ALL SASHES: (REGULAR OR EXTRA LONG) STATE WHICH SIZE</td>
<td>45.00</td>
</tr>
<tr>
<td>SEAL: DESK: COUNCIL AND COURT</td>
<td>55.00</td>
</tr>
<tr>
<td>ST. PETER CLAVER: PICTURE - 17 2 X 13 1/2</td>
<td>10.00</td>
</tr>
<tr>
<td>VIDEO: PROMOTIONAL VIDEO OF THE ORDER</td>
<td>20.00</td>
</tr>
</tbody>
</table>

(New Price List under Development – July 2008)

**FREE SUPPLIES**
FORMS:  
Change of Beneficiary  
another Change of Name  

TRANSFER:"K  
Transfer of Member from one Unit to  
Junior to Adult Division  

BROCHURES:  
K. P. C. and K.P.C., L. A. Brochures (10 Brochures per order)  
CATHOLIC ACTION – (10 Brochures per order)  
JUNIOR DIVISION - COME JOIN – (10 Brochures per order)  

APPLICATIONS:  
Regular Membership  
Junior Membership  

RESOLUTIONS FOR DECEASED MEMBERS  
Knights and Ladies  

PLEASE NOTE:  
**We are in a position to accept orders for BANNERS for Councils and Courts. It  
takes approximately two months to manufacture a BANNER. Kindly take this into  
consideration if you should have an occasion to place an order. Please furnish information  
to be placed on Banner. Please contact the National Office before placing order.  

***When ordering Duplicate Charters for Councils and Courts, kindly give if possible,  
THE DATE ON WHICH THE COUNCIL OR COURT WAS ACTIVATED OR FOUNDED, AND THE  
NAME OF THE CITY AND STATE WHERE THE UNIT WAS ESTABLISHED.  

PLEASE USE THE SCALE BELOW WHEN ORDERING FEZZES - - MISTAKES IN ORDERING  
ARE WASTEFUL  

<table>
<thead>
<tr>
<th>HEAD SIZE</th>
<th>6 1/2</th>
<th>6 5/8</th>
<th>6 3/4</th>
<th>6 7/8</th>
<th>7</th>
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<th>7 1/4</th>
<th>7 3/8</th>
<th>7 1/2</th>
<th>7 5/8</th>
<th>7 3/4</th>
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<tbody>
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<td>NUMBER OF INCHES</td>
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<td></td>
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</tbody>
</table>

Supply list.frm  

ORDER FORM FOR SUPPLIES
Section 1. For Use ONLY of Unit Ordering Supplies.

ALL SUPPLIES MUST BE PAID IN ADVANCE (Order form may be faxed to: 504-821-4253. ATTN: Purchasing / Supply Officer
Shipping fees are non-refundable. (Orders will not be processed until payment is received).

Please send the following articles of supplies which are listed below to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Name of Council / Court / Branch / Jr. Court</th>
<th>Unit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>ARTICLE</th>
<th>PRICE</th>
<th>QUANTITY</th>
<th>ARTICLE</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Badges - Special order at least 2 months</td>
<td>Free - Application for Membership (Circle One) Knights / Ladies / Junior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Banner – Special order at least 2 months</td>
<td>Free - Forms, Change of Beneficiary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bible</td>
<td>Free - Forms, Supplies Order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Books, Assessment (Circle one) Junior / Senior</td>
<td>Free - Forms, Transfer – Junior / Senior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Book, Constitution – (Circle One) Knights / Ladies / Junior</td>
<td>Free - Forms, Change of Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Book, Ritual – Senior</td>
<td>Free – Catholic Action Brochure – (10 per Council/Court)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Book, Ritual – Junior</td>
<td>Free – KPC/ KPCLA– Brochure (10 per Council/Court)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handbook – (Circle One) Ladies / Knight / Junior</td>
<td>Free - Junior Division Brochure (10 per Branch / Jr. Court)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Book, Secretary Warrant</td>
<td>Buttons, Lapel (Circle One) Knights/Ladies / Jr. Knight / Jr. Daughter</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Book, Standard Receipt for Treasurer</td>
<td>Rosary – Circle One Knights / Ladies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ledger, Secretary Sheets 100 sheets</td>
<td>(Circle One) Sash – Jr. Knight / Ladies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seal, Desk – Special Order</td>
<td>Emblems, Decal (for windshield, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gavel</td>
<td>Fez – (Circle one) Knights / Ladies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certificates, Death Resolution</td>
<td>Fez Case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charter Duplicate</td>
<td>Jr. Daughter Kufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certificates, Duplicate Membership</td>
<td>Sash – Knights (Circle Length) Regular / Extra Long</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(SEAL) ________________________________
Financial Secretary

__________________________
Grand Knight or Lady / Commander / Counselor

Section 2. For Use ONLY of the National Office

The supply listed above is sent to Unit No. ________________ as of ________________ 20 __________.
The Total Bill for same, including postage, is $ __________________________

__________________________
Executive Director

White copy for National Office – Yellow copy for Unit ordering supply. Revised 2008 – M. Sias

Order Form for Supplies Explanation
1. Order Form is to be completed in its entirety.

2. Council/Court checks or money order is the ONLY acceptable method of payment. 
   Check is written payable to: National General Reserve Fund.
   PERSONAL CHECKS WILL NOT BE ACCEPTED.

3. The White copy is sent to the National Office at
   1825 Orleans Avenue,
   New Orleans, LA  70116-2894

4. The yellow copy of Order Form is kept by the ordering Unit, for record keeping.
   Faxed orders retain cover sheet, yellow copy of Order form, and confirmation fax form.

5. The order form may be faxed to the National Office Attn: Purchasing / Supply Officer at:
   (504)821-4253. ORDERS WILL NOT BE PROCESSED UNTIL FUNDS ARE RECEIVED.

6. For duplicate Certificate of Membership contact the following individuals:
   • Debra Bodley – Knights Division
   • Janice Jackson – Ladies Division

Death Claims Processing
1. For the National Office to process a death claim the expired member must be financial.

2. An original copy of the Death Certificate

   - Group Insurance Certificate, if a participant
   - Special Benefit Certificate, if a participant

4. Dues and Assessment book for the deceased member.

5. Name, address, with zip code and telephone number of beneficiary should be included on the back of the death certificate.

6. If the Deceased Member has paid their dues in Advanced a refund check will be issued.

7. Death benefit Check and dues refunded will be forwarded directly to the Beneficiary of record.
<table>
<thead>
<tr>
<th>Certificate No.</th>
<th>Name</th>
<th>Class</th>
<th>Date Paid Thru</th>
<th>Months Due</th>
<th>Monthly Dues</th>
<th>Advance Due</th>
<th>Amt. Due This month</th>
<th>Certificate No.</th>
<th>Amount Paid This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>00024699</td>
<td>Suzzy Smith</td>
<td>I</td>
<td>03/01/08</td>
<td>3</td>
<td>$4.50</td>
<td>0.00</td>
<td>4.50</td>
<td>0024699</td>
<td></td>
</tr>
<tr>
<td>00034788</td>
<td>Petunia Pig</td>
<td>Q</td>
<td>06/01/08</td>
<td>0</td>
<td>$6.30</td>
<td>37.80</td>
<td>0.00</td>
<td>00034788</td>
<td></td>
</tr>
<tr>
<td>00039844</td>
<td>Minnie Mouse</td>
<td>P</td>
<td>12/01/07</td>
<td>6</td>
<td>$6.25</td>
<td>0.00</td>
<td>43.75</td>
<td>00039844</td>
<td></td>
</tr>
<tr>
<td>00394861</td>
<td>Daisy Duck</td>
<td>Z</td>
<td>05/01/08</td>
<td>1</td>
<td>$1.50</td>
<td>0.00</td>
<td>1.50</td>
<td>0039488</td>
<td></td>
</tr>
</tbody>
</table>

(Signature) Grand Knight / Grand Lady

(Signature) Commander / Counselor

(Signature) Financial Secretary

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**Knights of Peter Claver Monthly Due Report**

Council / Court Number 499 Month of June 2008

**DROPPED**

<table>
<thead>
<tr>
<th>Certificate Name Number</th>
<th>Class</th>
<th>Date Paid Thru</th>
<th>Months Due</th>
<th>Monthly Dues</th>
<th>Amount Due This Month</th>
<th>Amount Paid This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>00366911</td>
<td>I</td>
<td>02/01/08</td>
<td>4</td>
<td>$1.50</td>
<td>$6.00</td>
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<tr>
<td>00346789</td>
<td>P</td>
<td>01/01/08</td>
<td>5</td>
<td>$6.25</td>
<td>$31.25</td>
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<tr>
<td>00220090</td>
<td>Q</td>
<td>02/01/08</td>
<td>4</td>
<td>$6.30</td>
<td>$25.20</td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY OF REMITTANCES**

| Members’ Dues                     | $ ______________________ |
| Initiation/Reinstatement          | $ ______________________ |
| Supplies                          | $ ______________________ |
| Social Justice / Human Development | $ ______________________ |

Total Remittances to The National Office

(Signature) Grand Knight / Grand Lady

(Signature) Commander / Counselor

(Signature) Financial Secretary

PAYMENTS RECEIVED AFTER THE 20TH OF EACH MONTH WILL BE POSTED ON THE NEXT MONTH REPORT.

**DISTRIBUTION OF FUNDS**
**Class Collected** | **Total Amt. Collected in Unit** | **Amount Remitted To National** | **Retained By Local Unit**
---|---|---|---
C,D | $5.80 | $5.00 | $0.80
F | $7.05 | $6.25 | $0.80
Q | $7.10 | $6.30 | $0.80
P | $7.05 | $6.25 | $0.80
I | $1.50 | $1.50 | 0.00
W | $4.75 | $4.75 | 
U | $8.06 | $7.25 | $0.80
O | $5.80 | $5.00 | $0.80
R | $6.80 | $6.00 | $0.80
Associate | $2.00 | $1.50 | $0.50

1. For complete Distribution of Funds and National Funds refer to Knights of Peter Claver Charter Constitution and By-Laws

2. May be subject to change.
Date ________________, 20 ___

Receipts:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>$ ______</td>
</tr>
<tr>
<td>Banquet</td>
<td>$ ______</td>
</tr>
<tr>
<td>Conference/Convention</td>
<td>$ ______</td>
</tr>
<tr>
<td>Raffle</td>
<td>$ ______</td>
</tr>
<tr>
<td>Supplies</td>
<td>$ ______</td>
</tr>
<tr>
<td>Misc.</td>
<td>$ ______</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$ ______</td>
</tr>
</tbody>
</table>

1. All funds collected should balance with the Treasurer’s deposit.

2. Financial Secretary is to write all transaction for check request in the Secretary Warrant Book.

Treasurer
1. Responsible for all funds of the Council / Court.

2. At the end of each meeting, and between meetings Receives from the Financial Secretary all monies collected from the members and prepare certificate of deposit.

3. **Deposits funds within 24 hours** in bank or other financial institution monies received from the Financial Secretary.

4. Maintains records of certificate of deposits; obtains vouchers with appropriate signature of the Grand Knight / Grand Lady and Financial Secretary prior to disbursement of checks for payment.
   - Presents certificate of deposit after deposit is completed to Grand Knight / Grand Lady for review and signature.

5. Disburse all funds after the **Financial Secretary completes the Secretary Warrant** (see KPC supply list). The form is handed to the Treasurer to issue the check. The Secretary Warrant form is signed by the Financial Secretary and Grand Lady.

6. Responsible for maintaining financial account, all receipts, disbursements of funds, Monthly balances of check book and vouchers.
   - Prepares a monthly Treasurer Report and present to member at each monthly meeting.

7. Provide all books and records of his/her office, upon request of the Council / Court.

8. Shall provide bond for performance of his duties. The cost of the bond shall be paid by the Council / Court.
   - Check with insurance company for cost of Fidelity Bonds

9. Before assuming office request a complete **Financial Audit** of all books and documents turned over by predecessor.

10. A blank check **SHOULD NEVER BE SIGNED.**

11. A blank check **SHOULD NEVER BE ISSUED.**

12. All checks issued by the Council/Court **SHOULD HAVE A VOUCHER REQUEST.**

13. Before a check is issued the Council/Court should have **FUNDS AVAILABLE** to cover checks.

14. Checking Account **REQUIRES 3 Signatures.** The Grand Knight/Lady with the signature of the Treasurer, then Financial Secretary, as an alternate.

15. Checks / Money Order are written payable to: KPC National General Reserve Fund.

For complete description of officer duties refer to KPC Charter Constitution and By-Laws revised (8/5/1999) and KPCLA Charter By-Laws 2000.

**SAMPLE 1 - TREASURER REPORT**
Date: May 18, 2008

Beginning Balance: $_________________________ as of April 30, 2008

Current Checkbook Balance: $_________________________

Receipts Collected April 18, 2008:
Dues………………………………………………………………………………$ __________________
Fundraiser……………………………………………………………………….. $___________________
  • Raffle………………………………………………………………….. $___________________
  • Bake Sale ……………………………………………………………. $___________________
  • Prayer Breakfast ....$___________________
  • Misc. ...............................................................$___________________
  • Banquet Ticket ..............................................$___________________
  • TOTAL ..............................................$____________________

Disbursements:
Registration………………………………………………………………...$ __________________
  • National Convention ..............................................$___________________
  • State Conference ..............................................$___________________
  • Jr. Conference ..............................................$___________________
  • Dues and Assessment to National .........................$___________________
  • Supplies ..............................................$___________________
  • Charity Donation ......................................$___________________
  • TOTAL ......................................$__________________

Ending Balance……………………………………………………….  $__________________

SAMPLE 2. TREASURER REPORT
ST. CECILE
Court 500
Lafayette, LA 70516

TREASURER’S REPORT

REPORT DATE: 04-11-2008

<table>
<thead>
<tr>
<th>DATE</th>
<th>TRANSACTION</th>
<th>CHECK #</th>
<th>AMOUNT</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last month’s ending balance</td>
<td></td>
<td>$ 500.00</td>
<td></td>
</tr>
<tr>
<td>03/15/2008</td>
<td>Assessment Due</td>
<td>1234</td>
<td>$ 35.75</td>
<td>$ 464.25</td>
</tr>
<tr>
<td>04/01/2008</td>
<td>Service Charge</td>
<td></td>
<td>$ 0.01</td>
<td>$ 464.24</td>
</tr>
</tbody>
</table>

CURRENT CHECKING BALANCE ------------------------------------------- $ 464.24
Treasurer Signature: _____________________________________

ACCOUNTING PROCESS
1. Member pays dues to Financial Secretary.

2. Member is given a receipt by Financial Secretary for payment of dues.

3. Financial Secretary
   - Collects the dues.
   - Record dues
   - Prepare voucher for all dues collected and money transaction
   - Signs voucher and obtain 2nd signature for voucher from Grand Knight / Grand Lady
   - Give funds to Treasurer
   - Send check and monthly report to the National Office.
   - Receives KPC monthly report from the National Office
   - Prepare monthly report
   - Prepare quarterly report
   - Prepares annual report
   - Completes Subordinate Quarterly and Annual report.

4. Treasurer
   - Collects money from the Financial Secretary
   - Records Collection of money on Deposit Slip
   - Deposit Money
   - Obtains deposit slip from financial institution where money is deposited.
   - Obtain voucher from Financial Secretary.
   - Write and sign
   - check, obtain 2nd signature from Grand Knight / Grand Lady
   - Give check for KPC monthly report to Financial Secretary
   - Record disbursement in checkbook registry
   - Balance checkbook registry after each check written.
   - Prepare a monthly report.

5. Grand Knight / Grand Lady
   - Sign vouchers
   - Give voucher to Treasurer
   - Sign checks
   - Receive and sign deposit slips
Sample Voucher

KNIGHTS OF PETER CLAVER
Prince of Peace Council / Court 499
Expense Voucher and Secretary Warrant

Name: ________________________________ Make Check Payable to ____________________

Reason for Expenditure: ____________________________________________________________
________________________________________________________________________________

Expenses to Be Paid: (Please attach receipts and other supporting documents, obtain proper approval and submit to the Treasurer for payment).

Food/Beverage

Supplies/Equipment

Printing/Postage

Donations/Contributions

Dues/Assessments

Registration/Tickets

Other

Total Expenses

Less Cash Advance (if applicable)

Amount due to / From Court / Council 499

I hereby certify that the above expenses are true and accurate and was incurred in connection with performing duties as a representative of Prince of Peace Council/Court 499:

Signed: _______________________________ Date: _______________________

Approved By: __________________________ _____________________________

Financial Secretary Grand Knight

PAID ___________________________ CHECK # ____________________

Treasurer
1. Consist of three members, all whom are elected at the regular December meeting.

2. The Board of Trustee does not handle money.

3. Responsible for ensuring the financial operation of the Council / Court are in compliance with the Constitution and By-Laws of Knights of Peter Claver, Knights of Peter Claver Ladies Auxiliary.

4. The duties of the Board of Trustee is to examine the accounts of the Financial Secretary, the Treasurer, and Command / Junior Daughter Counselor at least every three months (quarterly) and if at any time a discrepancy is found in either books. (The quarterly months reports are due: (April, July, September and January)

5. Provides a written report quarterly concerning accounts of the Financial Secretary, Treasurer and Junior Daughter Counselor.

6. Responsible for inquiring about discrepancies in books and report information at the regular Council / Court meeting or a meeting called by the Council / Court.
CONDUCTING AN AUDIT

1. Begin by setting a date, time and place where Audit is to be conducted.

2. Finance Committee is to perform audits quarterly (April, July, September, and January).
   • Provide the membership with a Quarterly Report

3. The Commander / Counselor records are audited at the same time with the Senior Council/Court.

4. Obtain the following Records:
   • Checkbook Registry
   • Financial Institution Deposit Book
   • Financial Institution monthly Financial Statement/Bank Statement
   • Treasurer Monthly/quarterly Reports
   • Secretary Warrant (Vouchers)
   • Receipt Book
   • Financial Secretary Monthly/quarter Report
   • Monthly Membership Report
   • Obtain records from the Commander/Counselor

4. The following officers may be present for the audit but are not allowed to perform the audit:
   • Grand Knight/Grand Lady
   • Treasurer
   • Financial Secretary
   • Commander/Counselor

Finance Committee Responsibilities when performing an AUDIT

1. A voucher is available for each check written.
   • All money received is properly recorded.
   • A voucher is present for motions passed during meeting to issue a check payable to.

2. The correct signatures are present on the vouchers and check written. (2 Signatures – Grand Lady, Financial Secretary, alternate Treasurer)

3. The amount of the voucher coincides with the check written.

4. The numerical amount of check written coincides with the amount written.
   • Checks are written in chronological order
   • All checks are accountable for in numerical chronological order.
   • Stale dated (6 months) checks are researched.

5. The “Payable to” coincide with voucher.

6. Financial Secretary Receipt and Treasurer Deposit Ticket reconcile.

7. Financial Secretary/Commander/Counselor ledger is complete, accurate and matches the KPC Monthly Member Report.
   • Financial Secretary / Commander / Counselor ledger is complete with accurate information, correct mailing address, beneficiary etc.

8. The monthly/quarterly Report for the Financial Secretary, Treasurer, Commander and Counselor reconciles with monthly financial institution statement.

9. All monies are deposited within 24 hour of receipt from the Financial Secretary.

10. All financial institution deposit ticket is signed by the Grand Knight/Grand Lady.
Date: April 15, 2008
Report: 1st Quarter

<table>
<thead>
<tr>
<th>Months</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance Bank Statement</td>
<td>$ 6,536.63</td>
<td>$8,150.53</td>
<td>$8,525.49</td>
</tr>
<tr>
<td>Checkbook Beginning Balance</td>
<td>$7,865.50</td>
<td>$7,865.50</td>
<td>$6,299.49</td>
</tr>
<tr>
<td>Deposits</td>
<td>$3,589.50</td>
<td>$667.00</td>
<td>$250.00 – ck # 1075</td>
</tr>
<tr>
<td>Total</td>
<td>$10,126.13</td>
<td>$8,532.30</td>
<td>$6,610.49</td>
</tr>
<tr>
<td>Transactions Total</td>
<td>$2,260.83</td>
<td>$2,232.81</td>
<td>$378.71</td>
</tr>
<tr>
<td>Ending Balance</td>
<td>$7,865.30</td>
<td>$6,299.49</td>
<td>$6,231.78</td>
</tr>
</tbody>
</table>

Ending Checkbook Balance: $6,231.78
1. Responsible for all financial transaction of the Junior Branch / Court.

2. Responsible for maintaining roll, addresses, date of initiation, beneficiary, reinstatement, suspension, expulsion, transfer of death benefit of Junior court.

3. Forwards to National Office all dues and reassessments.

4. **All monies in the Junior Division are handled by the Senior Court Officers**, the Senior Financial Secretary and Senior Treasurer.

5. At the Junior Daughter meeting:
   - Money is collected by the Junior Financial Secretary.
   - Junior Financial Secretary turns the money over to the Junior Treasurer
   - Junior Treasurer turns the money over to the Junior Commander/ Junior Daughter Counselor.
   - Commander / Counselor turn the money over to the Senior Financial Secretary who provides the Junior Commander / Counselor with a receipt.
   - Senior Financial Secretary turns the money to the Senior Treasurer for deposit.

6. The Junior Commander / Junior Daughter Counselor submit a check request to the Senior Financial Secretary.

7. Senior Financial Secretary writes a Secretary Warrant (voucher).

8. Senior Treasurer writes a check.

9. The Senior Treasurer and the Senior Grand Knight/ Lady sign the check and voucher.

10. The Junior Daughter financial books are audited every three months with the Senior Financial Secretary and Treasurer by the Board of Trustee.
Tools Required by Junior Commander / Counselor

1. Junior Application
2. Supply order form
3. Price List
4. Death Claim Form
5. Transfer Form
6. Membership Roster
7. Assessment Book
Completed by Financial Secretary

1. Check form for correct spelling of name.

2. Address of member is documented on form.

3. Verify Certificate Number

4. Check on Classification and document on form.

5. Name of Beneficiary is listed.

6. All monies received are documented.

7. Past dues are listed on form.

8. Dues paid for the year is documented.

9. All information should be verifying with the Green Bar register the KPC Monthly Report which comes from the National office.
<table>
<thead>
<tr>
<th></th>
<th>1st QUARTER</th>
<th>2nd QUARTER</th>
<th>3rd QUARTER</th>
<th>4th QUARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>JAN</td>
<td>FEB.</td>
<td>MAR.</td>
<td>APRIL</td>
</tr>
<tr>
<td>Past Due Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Dues Amount</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>National Dues and Assessment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Human Development</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sickle Cell</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Soaring High</td>
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</tr>
<tr>
<td>Special Project</td>
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</tr>
<tr>
<td>Earl Harvey</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Special Local Tax</td>
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<tr>
<td><strong>TOTAL AMOUNT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMOUNT PAID</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                         | 20          |             |             |             |
| Past Due Amount         |             |             |             |             |
| Monthly Dues Amount     |             |             |             |             |
| National Dues and Assessment |             |             |             |             |
| Human Development       |             |             |             |             |
| Sickle Cell             |             |             |             |             |
| Soaring High            |             |             |             |             |
| Special Project         |             |             |             |             |
| Earl Harvey             |             |             |             |             |
| Special Local Tax       |             |             |             |             |
| **TOTAL AMOUNT**        |             |             |             |             |
| **AMOUNT PAID**         |             |             |             |             |
| **BALANCE**             |             |             |             |             |