

# Local Program Finance Meeting

Hosted by Field Services and SOWI Operations

Mark Wolfgram, Robin Van Fleet Bergan, Theresa Rossman, and Kaylor  
Wiedenbeck

***Special Olympics***



# Welcome & Introduction

***Special Olympics***



# Discussion Topics

- Invoice Approval Form
- W9
- Expense Reimbursement Form
- Petty Cash Request Form
- Pre-Event Notification Form
- Local Program Deposit Ticket
- Sales Tax
- Raffles

# Important Reminder – Class A

- Local Program Managers and Treasurers must be Class A Volunteers
  - Application
  - Protective Behaviors Course
  - Background Check
  - Due every three years
    - If your name is not on the Volunteer Look-Up on the SOWI website, at least one part of the Class A process is missing.
      - Please reach out to Kaylor Wiedenbeck for assistance in completing the Class A process.

# Making Purchases

- Before placing an order, please submit our Sales Tax Exemption Certificate to the vendor to have sales tax removed from the order.
  - Use our 15-digit number: 008-0000134473-06
  - Online orders through Amazon or in-person sales at Wal-Mart, as examples, will not accept the form and tax will be due.
- After making a purchase, submit an Invoice Approval Form or Volunteer Expense Reimbursement Form to Accounts Payable.

# Invoice Approval Form – Part 1



## Invoice Approval Form

<b>Name of Payee:</b> _____	<b>Local Program Number:</b> _____
<b>Remittance Address:</b> _____ _____	<b>Local Program Manager Approval Signature:</b> _____
<b>Amount:</b> _____	Print Name
<b>Purpose (be specific):</b> _____	<b>Witness* Approval Signature:</b> _____
	Print Name
<b>Expense Code:</b> _____	<small>*Must be signed by a member of the Local Program Management Team who is a Class A volunteer without financial restrictions and is not a family member of the manager</small>
<b>Purchase Date:</b> _____	
<b>Payment Due Date:</b> _____	

# Invoice Approval Form – Part 2

## Common Expense Codes:

6010 - Professional Fees	6161 - Printing
6020 - Supplies	7000 - Fundraising Expenses
6025 - Equipment	7033 - Raffle Items
6030 - Postage/Shipping	7063 - Concessions
6032 - Equipment Maintenance	8000 - Athlete Awards
6034 - Equipment Rental	8010 - Athlete Entertainment
6050 - Appreciation	8030 - Athlete Transportation
6060 - Hospitality	8040 - Athlete Uniforms
6101 - Facility Rental	8100 - Housing
6150 - Advertising	8200 - Meals

## Submission:

Send signed invoice approval form & corresponding paperwork to the below email address:

[accountspayable@specialolympicswisconsin.org](mailto:accountspayable@specialolympicswisconsin.org)

If mailing paperwork, please keep a copy for your records.

# Invoice Approval Form Example



## Invoice Approval Form



Name of Payee: Kaylor Wiedenbeck

Local Program Number: 1-00

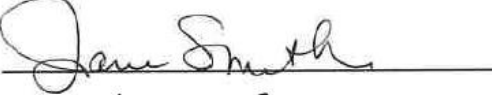
Remittance Address: 2310 Crossroads Dr. #1000  
Madison, WI 53718

Agency Manager Approval Signature:  
  
Robin Van Fleet Bergan

Print Name

Amount: \$13.32

Purpose (be specific): office supplies -  
3-hole punch

Witness\* Approval Signature:  
  
Jane Smith

Print Name

Expense Code: 6020

Purchase Date: 3/15/2023

Payment Due Date: Next check run

\*Must be signed by a member of the Local Program Management Team who is a Class A volunteer without financial restrictions and is not a family member of the manager

Brookfield - 262-395-1625  
12725 W Bluemound Rd  
Brookfield, Wisconsin 53005-8032  
03/15/2023 09:19 AM



STATIONERY & OFFICE SUPPLIES  
081060089 HOLE PUNCH T \$12.69

SUBTOTAL	\$12.69
T = WI TAX 5.00000 on \$12.69	\$0.63
TOTAL	\$13.32
*4358 MASTERCARD CHARGE	\$13.32
AID: A0000000041010	
Mastercard	
AUTH CODE: 45295J	

Your Target Circle earnings are int  
Open the Target App or visit  
Target.com/Circle to see your benefits.

SOME PROMOTIONS MAY REDUCE THE  
REFUND VALUE OF ITEMS



# Volunteer Expense Reimbursement Form



## Volunteer Expense Reimbursement Form

Local Program # & Name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Date	Purpose	Items to be Reimbursed	Amount	Account #	Total

Date	Trip/Purpose	Miles	\$0.14/ mile	Airfare	Room	Meals	Car/Cab Rental	Account #	Total

\_\_\_\_\_  
Volunteer Signature

RECEIPTS MUST BE ATTACHED

Grand Total \$ -

\_\_\_\_\_  
Local Program Manager Approval

**Submission:**

Send signed invoice approval form & corresponding paperwork to the below email address:

[accountspayable@specialolympicswisconsin.org](mailto:accountspayable@specialolympicswisconsin.org)

If mailing paperwork, please keep a copy for your records.

# Expense Reimbursement Form - Example



## Volunteer Expense Reimbursement Form

Local Program # & Name: 1-00 State HQ  
 Volunteer Name: Kaylor Wiedenbeck  
 Address: 2310 Crossroads Dr. #1000  
 City, State, Zip: Madison, WI 53718

Date	Purpose	Items to be Reimbursed	Amount	Account #	Total
3/15/23	Target Purchase - Supplies	Three hole punch	13.32	6020	13.32

Date	Trip/Purpose	Miles	\$0.14/mile	Airfare	Room	Meals	Car/Cab Rental	Account #	Total

Kaylor Wiedenbeck  
 Volunteer Signature  
Travis Bays  
 Local Program Manager Approval

RECEIPTS MUST BE ATTACHED

Grand Total \$13.32



Brookfield - 262-395-1625  
 12725 W Bluemound Rd  
 Brookfield, Wisconsin 53005-8032  
 03/15/2023 09:19 AM



STATIONERY & OFFICE SUPPLIES  
 081060089 HOLE PUNCH T \$12.69  
 SUBTOTAL \$12.69  
 T = WI TAX 5.00000 on \$12.69 \$0.63  
 TOTAL \$13.32  
 \*4358 MASTERCARD CHARGE \$13.32  
 AID: A0000000041010  
 Mastercard  
 AUTH CODE: 45295J

Your Target Circle earnings are in!  
 Open the Target App or visit  
 Target.com/Circle to see your benefits.

SOME PROMOTIONS MAY REDUCE THE  
 REFUND VALUE OF ITEMS

# AP Form Submissions

- Invoice approval forms/volunteer expense reimbursement forms must be e-mailed (or mailed) within a week of purchase
- Payments will be mailed within 10-14 business days from the date a completed invoice approval form is received
- Include a W-9 for new vendors (example to follow)

# W9 Example

- Minimum information needed:
  - Name
  - Business Type
  - Address
  - EIN/SSN
  - Signature and Date

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

OR

Employer identification number

**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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

Sign Here

Signature of U.S. person ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

# AP Questions?

***Special Olympics***



# Petty Cash Request Form



## Local Program In-House Petty Cash Request

Local Program Number: \_\_\_\_\_

Local Program Name: \_\_\_\_\_

Petty Cash Amount Requested: \$ \_\_\_\_\_

Petty Cash Purpose: (Please check one)  Local Program Fund or  Special Event

If Special Event, Name of Special Event: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Designated Class A Volunteer: \_\_\_\_\_

*This is the person who will be responsible for the petty cash and should have no financial restrictions.  
The check will be made out in this person's name.*

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

\_\_\_\_\_

Approval Signature: \_\_\_\_\_

*Agency Manager Signature*

Approval Signature: \_\_\_\_\_

*Class A Volunteer Signature*

# Petty Cash Request Form – When to Use

- Requests up to \$250
- Use for incidentals: office supplies, stamps
- Turn in receipts and reconciliations at least once per quarter
- May request additional Petty Cash for event attendance
- Turn in receipts and excess funds the week following the event

# Pre-Event Notification Form-Part 1



## Special Olympics Wisconsin

### Fundraising Pre-Event Notification Form

*To be completed by local programs and SOWI Development*

Completed By: RB

Date Completed: 03/01/23

Date of Event: 6/1/2023

New Event: No

Location of Event: Madison - Dace County

Region #:

Special Event Dir/Local Program Manager: Robin Van Fleet bergan

Local Program #: 1-79

Description of the Event						
Please include estimated Revenue and Expenses						
Picnic - with fundraising activities, basket raffles, 50/50, selling food						
				Transaction Types		
				Cash	Checks	ACH
Estimated Revenue	\$	5,000.00	Classy	Greater Giving	Credit Card	
Estimated Expenses	\$	2,000.00	Other:			



# Pre-Event Notification Form-Part 2

Event Activities (indicate all that apply)			
Raffle - Class A *	Registration	Auction - Live	Concessions
Raffle - Class B *	Entry Fee	Auction - Silent	Souvenirs
Other: Please explain			
Will the SOWI logo be used? No			
* If circled please contact Madison office or refer to Fund Raising section of the Local Program Manager Handbook for raffle requirements			
Community Event Description - Individuals/Organization Involved			
Additional Items		For Madison Office Use Only	
		Completed By & Date	
1. If using the SOWI logo, attach a sample of materials for approval		Approved:	
2. Cash, checks and all supporting documentation must be submitted to Madison office on the next business day		Received:	
3. List of event Class A volunteers must be submitted to the Madison office 2 weeks prior to event date		Received:	
4. Completed Fundraising Pre-Event Notification form is due 90 days prior to event. Email to <a href="mailto:trossman@specialolympicswisconsin.org">trossman@specialolympicswisconsin.org</a>		Received:	

# Local Program Deposit Ticket



## LOCAL PROGRAM DEPOSIT TICKET

\*Must be completed and included when submitting checks to the State Office

Date 04/19/23 Local Program # 1-79  
 Total of Checks \$ 2,000.00 # of Checks 16  
 Submitted By Robin Van Fleet Bergan  
 Email address [rvanfleetbergan@specialolympicswisconsin.org](mailto:rvanfleetbergan@specialolympicswisconsin.org)

# of Checks	Description *	Amount	Explanation-i.e Type of fundraising event
1	Corp	500.00	
15	Fundraiser	1,500.00	Candy Bar Sale
<b>Total</b>		<b><u>2,000.00</u></b>	

Description	
Reg -	Registrations & Participations
Corp -	Corporate Contributions
Orgs-	Organizations & Association
Grants-	Foundation Grants
Ind-	Individual Contributions
Fundraiser-	Fundraisers - <b>Must include explanation</b>
Souvenirs-	Souvenirs
Concession-	Concessions
Other-	Other

# Sales Tax

- SOWI is a tax-exempt organization, but we are not exempt from collecting sales tax
  - Purchases made by local programs are exempt from sales tax
  - Subject to Sales Tax
    - Registration, Admission, Participation fees
    - Suggested prices
    - Auction items
    - Fundraising vary by item sold
    - Re-sale of items
- ❖ Special Olympics staff will make the final determination on sales tax

# Questions?

***Special Olympics***



# Raffle – Class A

- Notify Operations Department and request license
- Ticket Requirements
  - Pre-Printed Tickets with consecutive numbers
  - Name & Address of licensed organization – State office address
  - Raffle license
  - Prizes over \$1000
  - Date and location of drawing
  - Collect W9 for ALL cash prizes and items valued over \$600
  - No price discounts
- Raffle Reporting Form – complete and submit to State office
- Retain stubs 1 year after drawing



# Raffle – Class B

- Notify Operations Department and request license
- Tickets must be the same color, shape and size
- Collect W9 for ALL cash prizes and items valued over \$600
- Raffle Reporting Form – to be completed



# Raffle Reporting Form



## RAFFLE REPORTING FORM

License #s change yearly - You must submit a new request for each raffle

Raffle Type     Class A                      Raffle tickets sold in advance                      # of Class A Tickets Printed \_\_\_\_\_

Class B                      Raffle tickets sold day of event                      sample of class A ticket must be attached to this form

Date of Raffle    5/1/2023                      Location Madison    Cost Center \_\_\_\_\_                      LP#    Jan-79

Event Name    Madison Picnic - basket raffle

### Event Contact Information

Name            Robin Van Fleet Bergan

Phone           608-442-568

Email            [rvanfleetbergan@specialolympicswisconsin.org](mailto:rvanfleetbergan@specialolympicswisconsin.org)

Prize Winners - Valued at \$100 or greater - Completed W9 Must be Supplied for Each Winner				
Name	Address	Phone	Prize Description	Prize Value
Jon Smith	123 Street, City State Zim	608-442-5684	Basket with gift certificate	\$ 600.00
Jane Lange	123 Street, City State Zim	608-555-5555	Basket with gift certificate	\$ 200.00

Raffle Revenue	
Raffle Proceeds	\$ 2,000.00
Raffle Expenses	\$ 500.00
Net Profits	\$ 1,500.00

# Raffle Questions?

***Special Olympics***





# Forms Saved on SOWI Website

- Under Tools & Resources, Local Program Information:
  - Invoice Approval Form
  - Expense Reimbursement Form
  - Sales Tax Exemption Certificate
  - Petty Cash Request Form
  - Pre-Event Notification Form
  - Local Program Deposit Form
  - Raffle Reporting Form

<https://www.specialolympicswisconsin.org/agency-management-portal/tools-resources/>

# Contact Information

- For questions regarding Accounts Payable or payment status, please contact: [accountspayable@specialolympicswisconsin.org](mailto:accountspayable@specialolympicswisconsin.org) or 608-442-5665.
- For questions regarding cash receipts, please contact: [trossman@specialolympicswisconsin.org](mailto:trossman@specialolympicswisconsin.org) or 608-442-5664.
- For questions regarding raffles, please contact: [rvanfleetbergan@specialolympicswisconsin.org](mailto:rvanfleetbergan@specialolympicswisconsin.org) or 608-442-5684.

# Questions?

***Special Olympics***

