

9/9/2018



SPHM
HOSPITALITY

GOLF — ACCOUNTING FORMS



By: | Agustinus Agus Purwanto, SE MM



Series 200

Club Forms - Accounting



Petty Cash Receipt

Fill out when Drawing Petty Cash Advance		#:	
Name:	Department:		
Date:	Amount of Petty Cash Advance: \$		
Purpose of Advance:			
Fill out when Returning Purchase Receipts			
Expense Code	\$ Amount	Amount Drawn:	\$
		Amount Spent:	\$
		Amount Returned:	\$
		Turn in all receipts with this slip. If reimbursement is due, Purchaser's signature below confirms reimbursement.	
		Purchaser's Signature:	
Total Spent		Controller's Signature:	

SPHM Form 201

Effective: 09/18



Petty Cash Receipt

Fill out when Drawing Petty Cash Advance		#:	
Name:	Department:		
Date:	Amount of Petty Cash Advance: \$		
Purpose of Advance:			
Fill out when Returning Purchase Receipts			
Expense Code	\$ Amount	Amount Drawn:	\$
		Amount Spent:	\$
		Amount Returned:	\$
		Turn in all receipts with this slip. If reimbursement is due, Purchaser's signature below confirms reimbursement.	
		Purchaser's Signature:	
Total Spent		Controller's Signature:	

SPHM Form 201

Effective: 09/18

SPHM Golf & Country Club

Daily Revenue Report

Month	
Day of Week	
Date	
Rounds of Golf (#)	
Men Golf Member	
Lady Golf Member	
Men Sports Member	
Lady Sports Member	
Unaccompanied	
Accompanied	
Junior	
Reciprocal	
Outings (\$110)	
PGA/Empl	
Coupon	
Other	
Total Rounds	0
Golf Income (\$)	
Greens Fees	
Cart Fees	
Merchandise Sales	
Lessons	
Other Golf Income	
Total Golf Income	0
# Merch Transactions	
Shoe Service (\$)	
Tennis	
Court Fees	
Lessons	
Racquet Stringing Income	
Ball Mach Rental	
Merchandise Sales	
Other Tennis Income	
Total Tennis Income	0
# Merch Transactions	
Activities	
Birthday Parties	
Kids Corner Fees	
Fitness Fees	
Massage Income	
Holiday Events Income	
Special Events Income	
Activities Fees	
Summer Camp Fees	
Pool Guest Fees	
Total Activity Income	0
# Activity Transactions	

Dining Room Covers (#)	
Lunch	
Dinner	
Dining Room Sales (\$)	
Lunch	
Dinner	
Fine Dining/Brunch Covers (#)	
Brunch	
Dinner	
Fine Dining/Brunch Sales (\$)	
Brunch	
Dinner	
Catering Covers (#)	
Lunch	
Dinner	
Reception Counts	
Catering Sales (\$)	
Lunch	
Dinner	
Receptions	
Misc Food Revenue (\$)	
Locker Rooms	
Beverage Cart	
Turn House	
Pool Cabana	
Other	
Beverage Revenue by Location (\$)	
Beverage Cart	
Turn House	
Clubhouse Lounge	
Members' Lounge	
Other Locations	
Pool Cabana	
Catering	
Home Wine	
Beverage Revenue Mix (\$)	
Beer	
Wine	
Liquor	
Other Income	
Service Charge	
Total Food Revenue	0
Total Beverage Revenue	0
Total Daily Revenue	0

Budget Data

2018

Enter the monthly budgeted amount for the categories listed. For Memberships, enter the month-end projected number per category of membership.

Days per Month	31	29	31	30	31	30	31	31	30	31	30	31	366
# of Weeks/Month	4.43	4.14	4.43	4.29	4.43	4.29	4.43	4.43	4.29	4.43	4.29	4.43	52.3

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Tot
Golf Rounds													0
Green Fees													0
Cart Fees													0
Golf Merch Sales													0
Golf Lesson													0
Shoe Service													0
Tennis Fees													0
Tennis Lessons													0
Racquet Stringing													0
Ball Mach Rental													0
Tennis Merch Sales													0
Activity - Birthday Parties													0
Activity - Kids' Corner Fees													0
Activity - Fitness Fees													0
Activity - Massage Sessions													0
Activity - Holiday Events													0
Activity - Special Events													0
Activity - Summer Camp													0
Dining Room Covers													0
Dining Room Sales													0
Fine Dining/Brunch Covers													0
Fine Dining/Brunch Sales													0
Catering Counts													0
Catering Sales													0
Food - Locker Room													0
Food - Beverage Cart													0
Food - Turn House													0
Food - Pool Cabana													0
Food - Other													0
Bev - Beverage Cart													0
Bev - Turn House													0
Bev - Clubhouse Lounge													0
Bev - Members' Lounge													0
Bev - Other Locations													0
Bev - Pool Cabana													0
Bev - Catering													0
Bev - Home Wine													0
Bev - Beer													0
Bev - Wine													0
Bev - Liquor													0
Service Charge													0
Mbr - E Golf													
Mbr - E Sports													
Mbr - E S/T													
Mbr - Community													
Mbr - I Golf													
Mbr - Corporate													
Mbr - I Sports													
Mbr - I S/T													
Mbr - Social													

* To calculate the number of weeks per month:

SPHM Golf Course & Country Club

Capital Asset Purchase Request

Department:		Date:			
Requested Item:		Replacement Item		New Opportunity	
Describe Use or Purpose of Item:					
Where it will be used:					
Estimated Purchase Cost:		Priority:	High	Medium	Low
Installation Costs? If so, how much?					
List Utility Needs:					
Estimated Annual Utility Costs:					
Does item need staff training to operate? If so, how much?					
Benefit to Club:	Enhanced Revenue	Cost Avoidance	Improved Productivity	Enhanced Member Svc	
Proposed Purchase Date:	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Explain:					
If item enhances revenue, avoids cost, or improves productivity, what is the payback on the investment?					
Method used for calculation:	Payback	Net Present Value	Internal Rate of Return		
Comments:					
Attach Payback Analysis					
Department Head's Signature: _____					

SPHM Golf Course & Country Club

Capital Budget Request Summary

Department:	Date:
-------------	-------

Priority	Item	Estimated Cost	Reason/Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			

Department Head Signature:

SPHM Golf & Country Club

Consumable Supply Inventory

Department: _____

Inventoried by: _____

Inventory Date: _____

Inventory		Stock Locations				Total Invent	Prev Mo's Inventory	Purchases/ Receipts	Adjust/ Transfers	# of Items Consumed
#	Item	1	2	3	4					
1										0
2										0
3										0
4										0
5										0
6										0
7										0
8										0
9										0
10										0
11										0
12										0
13										0
14										0
15										0
16										0
17										0
18										0
19										0
20										0
21										0
22										0
23										0
24										0
25										0
26										0
27										0
28										0
29										0
30										0
31										0
32										0
33										0
34										0
35										0
36										0
37										0
38										0
39										0
40										0

SPHM Golf Course & Country Club

Linen Inventory Count Sheet

Department:			Date:			
Count Conducted By:			Signature:			
Item	Location #1	Location #2	Location #3	Location #4	Location #5	Total Count
Bath Towels						
Hand Towels						
Cart Towels						

SPHM Form 207

Department Head Signature

Effective: 3/10/18

SPHM Golf Course & Country Club

Linen Inventory Count Sheet

Department:			Date:			
Count Conducted By:			Signature:			
Item	Location #1	Location #2	Location #3	Location #4	Location #5	Total Count
Bath Towels						
Hand Towels						
Cart Towels						

SPHM Form 207

Department Head Signature

Effective: 3/10/18

SPHM Golf Course & Country Club

China Inventory Count Sheet

Department:	Date:
Count Conducted by:	Signature:

Item	Location #1	Location #2	Location #3	Total Count	Par Level	Deviation fm Par
Entrée Plates						
Bread & Butter Plates						
Soup Bowls						
Pasta Bowls						
Coffee Cups						
Coffee Cups, Stackable						
Saucers						

Comments:

SPHM Golf Course & Country Club

Flatware Inventory Count Sheet

Department:	Date:
Count Conducted by:	Signature:

Item	Location #1	Location #2	Location #3	Total Count	Par Level	Deviation fm Par
Knives, Table						
Forks, Table						
Spoons, Table						
Spoons, Soup						
Forks, Dessert						
Knives, Dessert						
Knives, B&B						

Comments

Department Head Signature

SPHM Golf & Country Club

Glassware Inventory Count Sheet

Department:	Date:
Count Conducted by:	Signature:

Item	Location #1	Location #2	Location #3	Total Count	Par Level	Deviation fm Par

Comments:

Page #: _____ of: _____

Page #: _____ of: _____

[illegible][illegible]

SPHM Golf & Country Club

a

Annual FF&E Inventory
Summary Report

Club:

Date:

Activities

☐ All items accounted for ☐ Items missing, valued at:

Administration and General

☐ All items accounted for ☐ Items missing, valued at:

Clubhouse

☐ All items accounted for ☐ Items missing, valued at:

Food Service

☐ All items accounted for ☐ Items missing, valued at:

Golf

☐ All items accounted for ☐ Items missing, valued at:

Golf Course Maintenance

☐ All items accounted for ☐ Items missing, valued at:

Kitchen

☐ All items accounted for ☐ Items missing, valued at:

Maintenance/Housekeeping

☐ All items accounted for ☐ Items missing, valued at:

Membership

☐ All items accounted for ☐ Items missing, valued at:

Tennis

☐ All items accounted for ☐ Items missing, valued at:

Other – List:

☐ All items accounted for ☐ Items missing, valued at:

Other – List:

☐ All items accounted for ☐ Items missing, valued at:

Total

Total

Controller's Signature:

Dept. _____

Responsible Party: _____

Signature: _____

#	Item	Description	Location	Quantity	Property Decal #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

SPHM Golf & Country Club

Property Transfer

This form is used to transfer Property from one Department's Property Receipt to another.

Transfer From Dept:

Transfer To Dept:

Item	Description	Location	Quantity	Property Decal #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Reason:

Gaining Department Head's Signature/Date

Losing Department Head's Signature/Date

SPHM Golf & Country Club

Member Adjustment

Member Name:		#:	
Member #:	Date:	Time:	
Sales (G/L)Account Adjustment Made To:		Amount:	

Reason or Problem that Resulted in Adjustment (Please describe fully):

If Problem, Factors Contributing to Problem:

If Problem, Proposed Solution(s) to Problem:

Employee Reporting Problem:	Department:
-----------------------------	-------------

General Manager Signature:	Date:
----------------------------	-------

SPHM Golf & Country Club

Departmental Transfer

Function:	Date:
Transfer From:	Transfer To:

	Item	Quantity	Unit Cost	Extended Cost	Gaining Expense Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
			Total		

Reason:	
Losing Mgr's Signature:	Gaining Mgr's Signature:

SPHM Golf & Country Club

Golf Event Profit & Loss

Event: _____

Date: _____

Cart Fees: _____

Included

Separate

Amount: _____

Sports Member Green Fees: _____

Charged

N/A

Because: _____

Income:	G/L Acct #	Count	Amount	Total Budget	Actual
Entry Fees		@			
Hole Sponsors		@			
Food Income		@			
Beverage Income		@			
Other: _____					
Other: _____					
Other: _____					
Total Income					

Expenses:					
Cart Fees		@			
Food					
Beverage					
F&B Labor					
Tee Gifts					
Locker Gifts					
Trophies/Plaques					
Entertainment					
Equipment Rental					
Tournament Supplies					
Gift Cert./Credit Book					
Other: _____					
Other: _____					
Other: _____					
Total Expenses					

Comments:

Related Promotions:

Longest Drive	
Closest to Hole	
On the Green	
Hole in One	
Raffle	
Other (Specify)	

Head Golf Pro's Signature: _____ Date: _____

SPHM Golf & Country Club

Activity Event Profit & Loss

Event: _____

Date: _____

Location: _____

Income:	G/L Acct #	Count		Amount	Total Budget	Actual
Activity Fees			@			
Food Income			@			
Beverage Income			@			
Other: _____						
Other: _____						
Other: _____						
Total Income						
Expenses:						
Entertainment/Costumes						
Décor						
Audio/Visual						
Equipment						
Supplies						
Transportation						
Tips						
Ticket Costs						
Food Expense			@			
Beverage Expense			@			
F&B Labor						
Prizes/Giveaways						
Promotional Costs						
Staff Tickets						
Other: _____						
Other: _____						
Other: _____						
Total Expenses						

Comments: _____

Activity Director's Signature: _____ Date: _____

SPHM Golf Country Club

Daily Report of Golf Rounds

Date:

Day of Wk:

Green Fees

Mens Golf Member

Womens Golf Member

Mens Sports Member

Weekday - 18 hole

Weekday - 9 hole

WEEKEND - 18 hole

WEEKEND - 9 hole

Total Mens Sports Member

Womens Sports Member

Weekday - 18 hole

Weekday - 9 hole

WEEKEND - 18 hole

WEEKEND - 9 hole

Total Womens Sports Member

Unaccompanied Guest

18 hole

9 hole

Total Unaccompanied Guest

Accompanied Guest

Weekday - 18 hole

Weekday - 9 hole

WEEKEND - 18 hole

WEEKEND - 9 hole

Total Accompanied Guest

Junior

Reciprocal

Outings

PGA/Other

Employee

Coupon

Tee Sheet
Rounds

Total
Rounds

Green
Fees

Tee Sheet
Grn Fees

Per
POS

Variance

Totals

Cart Fees

Rounds

Total Rds

Fees

per T Sht

per POS

Variance

Tournament Fees

Total Rds

Fee

per T Sht

per POS

Variance

Comp Rounds

Purpose

Authorized by

Preparer's Signature

Head Golf Professional Signature

Enter Your Club Name Here		Planning Questions
Enter the answers to the questions in the shaded cells.		Year: 2018
1. What are your projected Annual Retail Sales?		
2. What is the square footage of your shop?		
3. What percentage of your Annual Buy will be in the Spring?		
The remainder of your Annual Buy is for the Fall.		100.0%
SOFT GOODS		
4. What percentage of your Annual Buy will be Soft Goods (clothing, hats, gloves & outerwear)?		
4a. What percentage of your Soft Goods sales will be Hats?		
4b. What percentage of your Soft Goods sales will be Gloves?		
4c. What percentage of your Soft Goods sales will be Outerwear?		
4d. What percentage of your Soft Goods buy will be for Closeouts?		
4e. What percentage of your Soft Goods buy will be for Clothing?		
5. What % of each Soft Goods Buy do you want to reserve for Closeouts?		
6. What % of the Clothing Buy is for Men?		
7. The remainder of the Clothing Buy is for Women.		100.0%
7a. What % of the Clothing Buy do you want to spend on Basic Wear Shirts?		
7b. What % of the Clothing Buy do you want to spend on Basic Wear Shorts?		
7c. What % of the Clothing Buy do you want to spend on Basic Wear Pants?		
7d. What % of the Clothing Buy do you want to spend on Kids' Wear?		
7e. And the remainder is for the Fashion Buy.		100.0%
8. What is your target cost of goods sold (CoGS) for Soft Goods?		
HARD GOODS		
9. The remainder of the Annual Buy will be Hard Goods (shoes, equipment, balls, bags, access. & misc).		100.0%
9a. What percentage of Hard Goods sales will be Golf Balls?		
9b. What percentage of Hard Goods sales will be Accessories and Miscellaneous?		
9c. What percentage of Hard Goods sales will be Shoes?		
9d. What percentage of Hard Goods sales will be Golf Bags?		
9e. What percentage of Hard Goods sales will be Equipment?		
10. What is your target cost of goods sold for Golf Balls?		
11. What is your target cost of goods for Accessories & Miscellaneous?		
12. What is your target cost of goods sold for Shoes?		
13. What is your target cost of goods sold for Golf Bags?		
14. What is your target cost of goods sold for Equipment?		

SPHM Golf Country Club

Enter Your Club Name Here		Spring Buy	
		Year:	2018
		Projected	Actual
1. Amount of Spring Buy (Annual Proj. Sales x % Spring Buy)		\$0	
2. Amount of Soft Goods Buy (Spring Buy x % Soft Goods Buy) at retail		\$0	
3. Amount of Soft Goods Buy at cost (Soft Goods Buy x CoGS %)		\$0	
4. Reserve for Closeouts (Spring Buy x % Reserved for Closeouts)		\$0	
	Remainder	\$0	
5. Hats Buy Soft Goods Buy x % for Hats)		\$0	
	Remainder	\$0	
6. Glove Buy Soft Goods Buy x % for Gloves)		\$0	
	Remainder	\$0	
7. Outerwear Buy (Spring Buy x % for Outerwear)		\$0	
	Remainder for Clothing Buy	\$0	
8. Basic Wear Buy (Clothing Buy x % for Basic Wear)			
Shirts		\$0	
Shorts		\$0	
Pants		\$0	
	Total Basic	\$0	
9. Kids' Wear Buy (Clothing Buy x % for Kids' Wear)		\$0	
	Total Basic & Kids'	\$0	
	Remainder for Fashion Buy	\$0	
10. Men's Fashion Buy (Fashion Buy x % of Men's Fashion Buy)		0	
11. Women's Fashion Buy		0	

SPHM Golf Country Club

Enter Your Club Name Here		Fall Buy	
		Projected	Actual
1. Amount of Fall Buy (Annual Proj. Sales x % Fall Buy)		\$0	
2. Amount of Soft Goods Buy Fall Buy x % Soft Goods Buy) at retail		\$0	
3. Amount of Soft Goods Buy at cost (Soft Goods Buy x CoGS %)		\$0	
4. Reserve for Closeouts Fall Buy x % Reserved for Closeouts)		\$0	
Remainder		\$0	
5. Hats Buy Soft Goods Buy x % for Hats)		\$0	
Remainder		\$0	
6. Glove Buy Soft Goods Buy x % for Gloves)		\$0	
Remainder		\$0	
7. Outerwear Buy (Spring Buy x % for Outerwear)		\$0	
Remainder for Clothing Buy		\$0	
8. Basic Wear Buy (Clothing Buy x % for Basic Wear)			
Shirts		\$0	
Shorts		\$0	
Pants		\$0	
Total Basic		\$0	
9. Kids' Wear Buy (Clothing Buy x % for Kids' Wear)		\$0	
Total Basic & Kids'		\$0	
Remainder for Fashion Buy		\$0	
10. Men's Fashion Buy (Fashion Buy x % of Men's Fashion Buy)		0	
11. Women's Fashion Buy		0	

Enter Your Club Name Here

Spring Fashion Buy Detail

Year: 2018

		Projected	Actual
1. Amount of Men's Spring Fashion Buy.		\$0	
2. List Men's Clothing Lines & % of Men's Fashion Buy.			
List of Clothing Lines	%		
Enter name		\$0	
Enter name		\$0	
Enter name		\$0	
Enter name		\$0	
Enter name		\$0	
Enter name		\$0	
Total	0%	Total \$0	
3. Amount of Women's Spring Fashion Buy.		\$0	
4. List Women's Clothing Lines & % of Women's Fashion Buy.			
List of Clothing Lines	%		
Enter Name		\$0	
Enter Name		\$0	
Enter Name		\$0	
Enter Name		\$0	
Total	0%	Total \$0	

Enter Your Club Name Here		Fall Fashion Buy Detail	
		Year: 2018	
		Projected	Actual
1. Amount of Men's Fall Fashion Buy.		\$0	
2. List Men's Clothing Lines & % of Men's Fashion Buy.			
List of Clothing Lines	%		
Enter Name		\$0	
Enter Name		\$0	
Enter Name		\$0	
Enter Name		\$0	
Enter Name		\$0	
Enter Name		\$0	
Total		0%	Total \$0
3. Amount of Women's Fall Fashion Buy.		\$0	
4. List Women's Clothing Lines & % of Women's Fashion Buy.			
List of Clothing Lines	%		
Enter Name		\$0	
Enter Name		\$0	
		\$0	
		\$0	
Total		0%	Total \$0

SPHM Golf & Country Club

Pre-Cost Menu Pricing

Menu Item:
<input type="checkbox"/> App <input type="checkbox"/> Entrée <input type="checkbox"/> Dessert <input type="checkbox"/> Salad <input type="checkbox"/> Soup
Portion Size:

Date:
<input type="checkbox"/> a la Carte <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
<input type="checkbox"/> Catering <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner

Ingredient	Measure	Cost/Measure	Ext. Cost

Multipliers to achieve food cost %	
Food Cost %	Multiplier
25	4.0
30	3.3
33	3.0
35	2.9
37	2.7
40	2.5
45	2.2

Cost per Portion	
Multiplier	
Theoretical Selling Price	
Actual Selling Price	

Remarks:

SPHM Golf & Country Club

Buffet Post-Cost Analysis

Buffet Event:	
Price per Adult:	per Child:
Projected Attendance:	

Date:
Meal: <input type="checkbox"/> Brunch <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
Actual Attendance:
Total Food Revenue:
Total Food Cost (fm below):
Event Profit (Loss):

Associated Bev Revenue:

[illegible]

Count items put out less items returned with value. Multiply total items put out times item cost to determine extended cost.

*Items returned with value have resale value, e.g., roast beef used in another menu item such as beef hash.

Remarks:

Chef's Signature

Date

Your Club Name Here

Inquiry Date : _____

Function Agenda : _____

Function Date : _____

Event : _____

Number of People : _____

Location : _____

Contact : _____

Member Number : _____

Telephone : _____

BEVERAGE**SERVICE**

Tab Bar _____

Cash Bar _____

Open - Domestic _____

Open - Imported _____

Champagne _____

Open Tier 1 _____

Open Tier 2 _____

Open Tier 3 _____

of Bars _____

Silver Cordial Service _____

FOOD**SERVICE**

TIME

PORTION SIZE

ITEM

PRICING

**SET UP
INSTRUCTIONS****BILLING
INSTRUCTIONS**

Event Account #: _____

Catering Mgr Signature: _____

SPHM Golf Country Club

Rolling Catering Forecast

Your Club Name Here

Date: _____

[illegible]

SPHM Golf & Country Club

Catering Contract

Proposal Date:	#:	
Function Date:		
Client Name:	Food Costs:	Per Person: _____
Contact:		_____
Address:	Bar/Beverage Costs:	_____
		Per Person: _____

Phone (home):	Bartender Fee:	_____
Phone (work):	Ceremony Site Fee:	_____
Email address:	Room Fee:	_____
Type of Function:	Set Up Fee:	_____
Location:	Service Charge:	_____
Time: From: to:	Rentals:	
Approximate Number of Guests:		_____
Color Scheme:	Total Estimated Charges:	_____
Other Requirements/Arrangements:	Special Arrangements:	
	Prices are quoted for _____	
	approximately guests. Your final	
	guarantee must be provided by:	_____

Any adjustments will be reflected on the final statement. State and local sales tax will also be shown on this statement.

If the final guarantee is not received by _____, then the final count will be _____ as stated in this contract.

Beverage Service Instructions:

Food Service Instructions:

Name of Person(s) Authorized to Make Changes for Client:

Deposits being applied to the final invoice:	_____	Holding Deposit	Date Rcvd: _____
	_____	Confirming Deposit	Date Rcvd: _____
	_____	Final Deposit	Date Rcvd: _____

After reviewing the above proposal, please date, sign and return to the Club with your member number, check, money order, or cashier’s check. Full and final payment is due the day of the function. Upon acceptance of this proposal and the Club’s catering policies, acknowledge by signature, that this proposal becomes a valid, binding contract, subject to all terms and conditions as stated herein.

_____	_____
Client Signature	Date
_____	_____
Club Representative Signature	Date

1. **PAYMENT:** Payment for all functions will be charged to the member's account the day of the event for all remaining balances due. If arrangements have been made in advance, a member's company or organization may be direct billed.

2. **DEPOSITS:** A preliminary holding deposit of \$500.00 is required. Upon agreement of function details, a Contract will be forwarded. This Contract, when signed, becomes binding, and requires a confirming deposit of 1/3 (33.3%) of the Estimated Total Charges. Forty-five days prior to the event an invoice for a final deposit of 1/3 will be sent to the member. This deposit is due not later than 30 days prior to the event. All deposits are non-refundable.

3. **ADDITIONAL GOODS AND SERVICES:** The Club will provide services based upon the guaranteed number of guests stipulated in the Contract. The Club will attempt to provide like services should the attendance be greater than the guaranteed number, however, if attendance exceeds 105% of the final guarantee, an additional premium charge of 15% of the per person price will be charged for each person over 105%.

4. **FUNCTION SIZE/EVENT LOCATION:** The Club reserves the right to accommodate groups/parties in adequate and appropriate areas as needed for the function if the original estimated attendance varies more than ten percent (10%).

5. **DAMAGES:** Any damages occurring to the property of the Club by a client(s), guests, or contractors, will be the responsibility of the client(s) and he will be billed for the damages. The Club is NOT responsible for any items left on the premises or items that are lost, stolen, or damaged.

6. **ENTERTAINMENT:** All outside entertainment must be booked through the Catering Department. An entertainment contract will be prepared specifying hours of play, number and length of breaks, compensation, and other items to protect the Club's interest. The Club will pay entertainers and the client(s) will be billed for the entertainment along with other event charges.

7. **FOOD & BEVERAGE PRICES:** Prices are subject to change due to market conditions. Prices quoted far in advance cannot be considered firm. Firm prices will be quoted approximately sixty (60) days prior to the function date. Prices do not generally fluctuate more than ten percent (10%) up or down.

8. **MENU SELECTION:** The pre-determined menu will be served to all guests. Limited dietary substitutions may be made when requested in advance.

9. **CANCELLATION/POSTPONEMENT:** In the event of cancellation all deposits are non-refundable. The Club reserves the right to require 75% payment for all contracted services if the event is cancelled within sixty (60) days of the event date.

10. **GUARANTEE OF ATTENDANCE:** A guarantee is due fourteen (14) days prior to the event date. The client(s) will be billed for the guaranteed number, OR the number of persons served, whichever is greater.

11. **RIGHT OF INSPECTION:** The Club reserves the right to inspect and control all functions held on the premises. All state and local laws concerning and governing the purchase and consumption of food and beverages will be adhered to and enforced.

12. **HEALTH DEPARTMENT REGULATIONS:** It is forbidden to bring in or take out any food or beverages to or from the premises. Remains of wedding or specialty cakes will be the exception to this regulation.

13. **ADVERTISING:** Any advertising prepared by the client using the name of the Club must be approved by the Catering Manager prior to advertising the event.

14. **DISPLAYS, EXHIBITS, AND DECORATIONS:** All displays, exhibits, and decorations must conform to fire ordinances and rules. Nothing is to be affixed to walls, floors, or ceilings of rooms with nails, staples, tape or any other substance unless approved prior to the date of the event. Use of such items without the express approval of the Club may result in charges to repair such damages.

15. **ENGINEERING AND AUDIOVISUAL:** Special engineering requirements must be specified to the Catering Manager at least fourteen (14) days prior to the event. Clients may provide their own equipment, however, if assistance is required, a technician fee will be assessed. Audiovisual equipment rental is available and rates are quoted upon request.

16. **CLUB ATTIRE POLICY:** Members and designees must dress in a fashion befitting the surroundings and atmosphere provided in the setting of the Club. Gentlemen and ladies are requested to dress in a fashion compatible with the appropriate occasion. For lunch, appropriate informal, casual sports attire may be worn. Shirts and shoes must be worn at all times when on the Club Facilities, except in the pool areas. The following is considered inappropriate attire: halter tops, tank tops, tee shirts, fishnet tops, cut-offs, jams, sweat pant, jeans, bathing suits (except in the pool areas), tennis shorts or other athletic shorts more than four inches above the knee are not permitted.

I HAVE READ THE ABOVE CATERING POLICIES AND AGREE TO ADHERE TO ALL TERMS AND CONDITIONS AS STATED HEREIN.

Client Signature

Date

Club Representative Signature

Date

SPHM Form 226-2

Effective: 10/110/18

SPHM Golf & Country Club

Catering Deposit Log

Club:

Sequential Page Number:

[illegible][illegible]

SPHM Golf & Country Club

Purchase Order

Club:
Department:

Purchase Order Number	
Date:	

Vendor Name:
Address:
City/State/Zip:

Contact:
Work Phone:
FAX:
Mobile:

Item(s) to be Purchased	Quantity	Cost/Item	Ext. Cost
Attach additional pages if necessary			

Total Cost	
Sales Tax	
Est. Shipping	
Total Cost	

Remarks:

SPHM Golf Country Club

Pay Period Summary Report

Your Club Name Here

PERIOD ENDING 04/03/08
Pay Period 8

<u>Department</u>	<u>Reg Hours</u>	<u>OT Hours</u>	<u>Vac Hours</u>	<u>Sick Hours</u>	<u>Other Hours</u>	<u>Hol Hours</u>	<u>Total Hours</u>	<u>Total \$</u>	<u>Average/Hr</u>	<u>Bonus Commissions Other</u>
Golf Pro	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00	
Assistant Golf Pros	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00	
Merchandise Mgr.		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Cart Attendants		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Golf Shop Attendants		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Outside Service Manager		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Starter Ranger		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
GOLF OPER. TOTAL	160.00	0.00	0.00	0.00	0.00	0.00	160.00	0.00	0.00	
Turnstand		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Beverage Cart		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Coffee and Cone		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Cabana		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Dining Svcs Manager		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Dining Room Managers		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Asst Dining Rm Mgr		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Catering Sales		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Servers		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Servers Asst		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Host/Hostess		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
FOOD SERVICE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	
Bartenders		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
BEVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	
Cooks		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Dishwashers		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Receiving Manager		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Pastry Chef		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Catering Chef		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Sous Chef		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Chef	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00	
FOOD PRODUCTION	80.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00	
F&B TOTAL	80.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00	
Membership Director	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00	
Membership Coordinator		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
MEMBERSHIP TOTAL	80.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00	
General Manager	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00	
Personnel Administrator		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Receptionist		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
Controller	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00	
Club Accountant		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!	
G&A TOTAL	160.00	0.00	0.00	0.00	0.00	0.00	160.00	0.00	0.00	

Your Club Name Here

PERIOD ENDING 04/03/08

Pay Period 8

<u>Department</u>	<u>Reg Hours</u>	<u>OT Hours</u>	<u>Vac Hours</u>	<u>Sick Hours</u>	<u>Other Hours</u>	<u>Hol Hours</u>	<u>Total Hours</u>	<u>Total \$</u>	
Facilities Manager	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00
Housekeeping		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Locker Room Attendant		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Maintenance		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
CLUBHSE OPER. TOTAL	80.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00
Superintendent	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00
Asst. Superintendent	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00
2nd Asst. Super.		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Mechanic		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Horticulturist		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Irrigation Tech.		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Spray Tech		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Golf Course Tech.		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Equipment Operators		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Summer Help		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
GOLF MAINT. TOTAL	160.00	0.00	0.00	0.00	0.00	0.00	160.00	0.00	0.00
Activities Director	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00
Asst Act Dir/Aquatics Mgr		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Activities Leader		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Childrens Coordinator		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Pool Manager		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Activities Concierge		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Lifeguards		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Fitness Room Opening		0.00	0.00	0.00	0.00	0.00	0.00	-	-
SWIM/ACTIVITES TOTAL	80.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00
Tennis Pro	80.00	0.00	0.00	0.00	0.00	0.00	80.00	-	0.00
Assistant Tennis Pro		0.00	0.00	0.00	0.00	0.00	0.00	-	#DIV/0!
Tennis Shop		0.00	0.00	0.00	0.00	0.00	0.00	-	-
Tennis-Seasonal		0.00	0.00	0.00	0.00	0.00	0.00	-	-
TENNIS TOTAL	80.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00
Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-	-
TRAINING TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PAY PERIOD TOTAL	880.00	0.00	0.00	0.00	0.00	0.00	880.00	0.00	0.00

SPHM Golf Country Club

Departmental Payroll Summary Analysis

Your Club Name Here

FY-2017

DEPARTMENT: Your Department Name Here

DATE: _____

Pay Period:	1	2	3	4	5	6	7	8	9	10	11	12	13
Ending Date:	1/9	1/23	2/6	2/20	3/5	3/19	4/2	4/16	4/30	5/14	5/28	6/11	6/25

Payroll Total (\$)													
Budgeted Payroll													
Over/(Under) Budget	0	0	0	0	0	0	0	0	0	0	0	0	0
Cum Over/(Under)	0	0	0	0	0	0	0	0	0	0	0	0	0

HOURS

Regular													
Overtime													
Impact of OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Vacation													
Sick													
Other													
Holiday													
Total Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Budgeted Hours													
Variance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cumulative Variance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

AVERAGE HOURLY WAGE

Actual	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Budgeted													
Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Cumulative Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Pay Period:	14	15	16	17	18	19	20	21	22	23	24	25	26	YTD
Ending Date:	7/9	7/23	8/6	8/20	9/3	9/17	10/1	10/15	10/29	11/12	11/26	12/10	12/24	

Payroll Total (\$)														0
Budgeted Payroll														
Over/(Under) Budget	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cum Over/(Under)	0	0	0	0	0	0	0	0	0	0	0	0	0	

HOURS

Regular														0.00
Overtime														0.00
Impact of OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Vacation														0.00
Sick														0.00
Other														0.00
Holiday														0.00
Total Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Budgeted Hours														0.00
Variance														0.00
Cumulative Variance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

AVERAGE HOURLY WAGE

Actual	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Budgeted														#DIV/0!
Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Cumulative Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Comments:

Department Head Signature

SPHM Golf Country Club

Master Payroll Summary Analysis

Your Club Name Here

FY-2017

DEPARTMENT: Club Master - Total of All Departments

DATE: _____

Pay Period:	1	2	3	4	5	6	7	8	9	10	11	12	13
Ending Date:	1/9	1/23	2/6	2/20	3/5	3/19	4/2	4/16	4/30	5/14	5/28	6/11	6/25
Payroll Total (\$)													
Budgeted Payroll													
Over/(Under) Budget	0	0	0	0	0	0	0	0	0	0	0	0	0
Cum Over/(Under)	0	0	0	0	0	0	0	0	0	0	0	0	0

HOURS

Regular													
Overtime													
Impact of OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Vacation													
Sick													
Other													
Holiday													
Total Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Budgeted Hours													
Variance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cumulative Variance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

AVERAGE HOURLY WAGE

Actual	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Budgeted													
Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Cumulative Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Pay Period:	14	15	16	17	18	19	20	21	22	23	24	25	26	YTD
Ending Date:	7/9	7/23	8/6	8/20	9/3	9/17	10/1	10/15	10/29	11/12	11/26	12/10	12/24	
Payroll Total (\$)														0
Budgeted Payroll														
Over/(Under) Budget	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cum Over/(Under)	0	0	0	0	0	0	0	0	0	0	0	0	0	

HOURS

Regular														0.00
Overtime														0.00
Impact of OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Vacation														0.00
Sick														0.00
Other														0.00
Holiday														0.00
Total Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Budgeted Hours														0.00
Variance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Cumulative Variance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

AVERAGE HOURLY WAGE

Actual	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Budgeted														#DIV/0!
Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Cumulative Variance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Comments:

General Manager Signature

SPHM Golf & Country Club

Paycheck Receipt Log

Club:	Date:	Pay Period:
Department:	Person Distributing Checks:	

Employee Name		Signature Verifying Receipt
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Signature of Person Distributing Checks

DEPARTMENT: Enter Your Department Name Here

January

EXPENSE ACCOUNT: Enter the Expense Account Name Here

Beginning
Balance

0

	Date	Vendor	Item	Purchase Amount	
1					0 1
2					0 2
3					0 3
4					0 4
5					0 5
6					0 6
7					0 7
8					0 8
9					0 9
10					0 10
11					0 11
12					0 12
13					0 13
14					0 14
15					0 15
16					0 16
17					0 17
18					0 18
19					0 19
20					0 20
21					0 21
22					0 22
23					0 23
24					0 24
25					0 25
26					0 26
27					0 27
28					0 28
29					0 29
30					0 30
31					0 31
32					0 32
33					0 33
34					0 34
35					0 35
36					0 36
37					0 37
38					0 38
39					0 39
40					0 40
41					0 41
42					0 42
43					0 43
44					0 44
45					0 45
Total this account				0	

Club Resources International

Tools to Beat Budget Expense Log Summary

DEPARTMENT: Enter Your Department Name Here

FY: 2018

Starting Budget	Recruit Ads	Auto Expense	Bunker Sand	Computer Software	Drainage Catch Basin	Education	Equip Rental	Fertilizer	Fuel/Oil Lubricants	GC Accessories	Deere Lease	Toro Lease	Landscape	Licenses	Phones Radios	Mulch Pine Straw
January																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
April																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Club Resources International

Tools to Beat Budget Expense Log Summary

DEPARTMENT: Enter Your Department Name Here

FY: 2018

Starting Budget	Office Supplies	Pesticides	R&M Cart Path	R&M GC Bldgs	R&M GC Equip	R&M Irrigation	Sand/Gravel Drainage	Security	Seed/Sod Stolons	Sm Tools Equipment	Dues Subscript	GC Supplies	Travel Entertain	Phones	Top Dressing	Tree Rem Care
January																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
April																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Club Resources International

Tools to Beat Budget Expense Log Summary

DEPARTMENT: Enter Your Department Name Here

FY: 2018

Starting Budget	Uniforms	Utilities	Utilities	Utilities	Utilities											
	Rags/Mats	Irri Pumps	Maint Bldgs	Crse Shelter	Waste Rem											
January																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
April																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December																
Remainder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SPHM Golf & Country Club

Controlled Forms Sign-Out

Facility:	Date:
Form Name:	Form Number:

[illegible]

Signature of Person Distributing Checks

Budget Variance Analysis

Month/Year

SPHM Form 236 Effective: 10/10/18

SPHM Golf & Country Club

Special Order Form

Vendor Name:	Member Name:
Vendor Account #:	Member Account #:
Vendor Phone #:	Member Phone #:

Merchandise Ordered

Item #	Qty	Description	Cost

Comments:

Sales Rep:	Date Ordered:
Ship Date:	Charge Date:

Ordering Employee Name:	Date:
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SPHM Golf & Country Club

Check Receipt Log

Club:	Day/Date:
-------	-----------

	Payor	Amount of Check
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
	Total	

Signature of Person Receiving Checks

Return to Vendor Form

[illegible]

Employee Signature: _____ Date: _____

Section I

Column A		Column B	
Line 1	Bank Statement Date	Previous Pd End Date	
Line 2	Bank Balance	Beginning Ledger Balance	
Line 3	I/T Deposits	Disbursements	
Line 4	Outstanding Checks	Deposits	
Line 5		C/C Equip lease	
		AMEX charges	
		MC/Visa Charges	
		Discover charges	
		Returned Checks	
		Service Charges/Fees	
		cc mach equip shipping	
Line 6	Column Total	Ending Ledger Balance	
	\$ -	\$ -	
		Proof	\$ -

Section II

In Transit Deposits:

Deposit Date	Credit Card	Deposit Date	Regular
I/T subtotals=			0.00
		I/T Total=	0.00

 Controller Signature/Date

 Reviewer Signature/Date

SPHM Golf & Country Club

Cashier Overage/Shortage Report

Club: _____

Month/Year: _____

Day	Dept.	Cashier	POS Receipts	Cashier Deposit	Over (Short)	Cum Total
1					0.00	0.00
2					0.00	0.00
3					0.00	0.00
4					0.00	0.00
5					0.00	0.00
6					0.00	0.00
7					0.00	0.00
8					0.00	0.00
9					0.00	0.00
10					0.00	0.00
11					0.00	0.00
12					0.00	0.00
13					0.00	0.00
14					0.00	0.00
15					0.00	0.00
16					0.00	0.00
17					0.00	0.00
18					0.00	0.00
19					0.00	0.00
20					0.00	0.00
21					0.00	0.00
22					0.00	0.00
23					0.00	0.00
24					0.00	0.00
25					0.00	0.00
26					0.00	0.00
27					0.00	0.00
28					0.00	0.00
29					0.00	0.00
30					0.00	0.00
31					0.00	0.00

Manager's Signature/Date: _____

Bank Receipt Log

Month/Year: _____

[illegible]

Effective: 10/10/18

SPHM Golf & Country Club

Check Request

Vendor Name:	Department:
Invoice #:	Date Required:
Check Amount: \$	Reason:

Charge to:

Account #	Item Description	Amount

Total:

Pay To:

Vendor Name: _____
Address: _____
City/State/ZIP: _____

Comments:

Requested by:	Date:
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Analyzing out-of-line cost of goods sold is a process of elimination to pinpoint those processes or actions contributing to the problem.

$$\text{Cost of Goods Sold} = \frac{\text{Beginning Inventory} + \text{Purchases} - \text{Ending Inventory} (+ \text{ or } -) \text{ Transfers \& Adjustments}}{\text{Sales}}$$

Yes	No
-----	----

- 1 Are physical counts correct?
- 2 Were all items counted?
- 3 Were extensions of number of items x unit cost accurate?
- 4 Are inventories costed consistently from period to period (LIFO, FIFO, Avg Unit)?

5 Were all invoices received and correctly coded?

6 Were all deliveries received and verified?
7 Were are received items counted or weighed?
8 Were receiving records matched to invoices?
9 Were any shortages or back-orders noted?

10 Were all transfers to and from other department properly recorded?
11 Were all transfers reported to the Accounting office?

12 Were all revenues recorded?

13 Was sales mix analyzed (high levels of low margin sales will increase CoGS)?
14 Was the pricing of all items in accordance with the target CoGS?
15 Were standardized recipes in use and followed by prep staff?
16 Were portion sizes correct and continually monitored?
17 Were promos/comps/adjustments accounted for at cost?
18 Were employee meals accounted for at cost?

19 Were inventories properly secured at all times?
20 Are vendors allowed into storage areas unaccompanied?
21 Are supervisors vigilant against petty pilferage?
22 Is there a designated employee entrance?

23 Was any spoiled food accounted for at cost?

[illegible]

Comments: _____

Club: _____

Dept: _____

FY: **2017**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual
Beginning Inventory	74,358.24	72,698.27											73,528.26
Purchases	10,481.32	12,465.32											11,473.32
Transfers/Adjustments	(128.94)	248.32											59.69
Ending Inventory	72,698.27	70,325.85											71,512.06
Cost of Goods Sold	12,012.35	15,086.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,549.21
Sales	18,457.26	19,453.21											18,955.24
CoGS Percentage	65.1%	77.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	71.5%
Inventory Turns	0.25	0.27	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.26

Multiple Expense Coding Sheet

Department: GC MaintenanceVendor: Acme Wholesale ProductsInvoice #: 08-14307Inv Date: 22-Aug-16Tax Total \$142.10Ship Total \$39.50Inv Total \$2,286.72Expense Code: 490-214Category: Fertilizer

Line Item(s)	Line Item Cost
Hydro-Grow 420	1,342.78
10-20-40 Mix	642.50
Subtotal	1,985.28

Expense Code: 490-222Category: Fuel, Oil, Lubricants

Line Item(s)	Line Item Cost
2 cases 30w Oil	79.89
Subtotal	79.89

Expense Code: 490-538Category: Seed/Sod/Stolons

Line Item(s)	Line Item Cost
100 lbs Fescue seed	39.95
Subtotal	39.95

Expense Code: Category:

Line Item(s)	Line Item Cost
Subtotal	0.00

Exp Code	Expense Category	Category Cost	% Allocation	Allocated Tax	Allocated Shipping	Category Total
490-214	Fertilizer	1,985.28	94.3%	134.01	37.25	2,156.54
490-222	Fuel, Oil, Lubricants	79.89	3.8%	5.39	1.50	86.78
490-538	Seed/Sod/Stolons	39.95	1.9%	2.70	0.75	43.40
0	0	0.00	0.0%	0.00	0.00	0.00
	Subtotal	2,105.12		142.10	39.50	2,286.72

Invoice Total 142.10 39.50 2,286.72