

CAMPAIGN YEAR 20\_\_\_\_\_

BATCH NUMBER (OFFICE USE ONLY)

# CONNECTICUT STATE EMPLOYEES' CAMPAIGN FOR CHARITABLE GIVING

30 Laurel Street • Hartford CT 06106 • www.csec.ct.gov

CAMPAIGN HELPLINES: 860-951-7399 -or- 860-887-5288

## CAMPAIGN REPORTING ENVELOPE



### PROCEDURES FOR USING THIS ENVELOPE:

1. Encourage employees to return pledge card, which can be collected weekly.
2. Please ask a co-worker to verify the cash/check total enclosed in this envelope.
3. Call your Local Campaign Manager or CSEC Helpline to arrange for pick up of completed envelope.
4. The employees' six-digit employee number must be on all cards.
5. All payroll deductions **MUST BE SIGNED** by the employee.
6. Copy this reporting envelope for your files.

COORDINATOR NAME \_\_\_\_\_ YOUR PHONE # \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

# OF EMPLOYEES AT THIS AGENCY LOCATION \_\_\_\_\_

### TO BE COMPLETED BY COORDINATOR:

#### RECAP OF CONTRIBUTIONS ENCLOSED IN THIS ENVELOPE

	# OF GIFTS	\$ AMOUNT
PAYROLL DEDUCTIONS	_____	\$ _____
ONE TIME GIFT CHECKS	_____	\$ _____
ONE TIME GIFT CASH	_____	\$ _____
SPECIAL EVENTS	_____	\$ _____
TOTALS (KNOWN)	_____	\$ _____

COORDINATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INITIALS OF 2ND VERIFICATION FOR CHECK/CASH GIFTS \_\_\_\_\_

### SHADED AREA FOR OFFICE USE ONLY

DATE ENVELOPE RECEIVED

### FOR AUDITOR ONLY

I DO NOT AGREE WITH THE INFO ORIGINALLY REPORTED.  
MY COUNTS ARE REFLECTED BELOW:

# OF GIFTS	\$ AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FOR AUDITOR: IF ABOVE DATA IS CORRECT, PLACE CHECK MARK TO THE RIGHT (OF # AND \$).  
I AGREE WITH THE INFO AS REPORTED ABOVE.

AUDITOR'S INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

AUDITOR'S INITIALS \_\_\_\_\_

DATE \_\_\_\_\_