

BATCH NUMBER (OFFICE USE ONLY)

CONNECTICUT STATE EMPLOYEES' CAMPAIGN FOR CHARITABLE GIVING

35 Cold Spring Road • Rocky Hill CT 06067 • www.csec.ct.gov

CAMPAIGN HELPLINES: 860-402-8430 -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 CHECKS	_____	\$ _____
SPECIAL EVENTS CASH	_____	\$ _____
SEALED ENVELOPES	_____	\$ _____
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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ N/A
_____	\$ _____

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