

CASH DISBURSEMENTS SYSTEM CD-20/29

INSTALLATION AND OPERATING INSTRUCTIONS

*Keep these instructions for reference and training new personnel.

STARTA-SYSTEM® CONTENTS

- 25 Disbursement Journals
- 200 Double Window Envelopes
- 300
- or 625 Disbursement Checks
- 1 Folding Pegboard

HOW TO BEGIN

1. Check your order. Verify the imprint and bank information is correct on your checks.
2. Place the folding Pegboard on your desk so clamp is at the left. The pegboard will open to the right.
3. Place one Cash Disbursements Journal on Pegboard. The highlighted peghole on the journal should be placed on the top peg of the Pegboard.

PREPARING THE JOURNAL:

1. Enter Month and Sheet Number in the spaces provided at the top of the journal. (See A of illustration 1)
2. Enter the expense categories most often used in the heading area at the top of the journal. (See B of illustration 1)
3. Refer to the Bank Balance column. Enter your current checking account balance on the line that reads "Totals Transferred." (See C of illustration 1)
4. Place the first bank of shingled checks on the Pegboard by placing the second peghole at the top of the bank of checks on the top peg. Be sure the posting line of the lowest numbered check aligns with line number one of the journal.

The illustration shows a 'CASH DISBURSEMENTS JOURNAL' form. At the top right, it says 'DISTRIBUTION OF EXPENSES MONTH OF April 19 XX SHEET NO. 1 OF 1 SHEETS'. Below this is a grid with columns for 'OFFICE SUPPLIES', 'POSTAGE & DELIVERY', 'AUTO & TRUCK', 'UTILITIES', 'ADVERT', 'DUES & SUBSCRIPT', 'INSURANCE', 'SHIPPING SUPPLIES', 'LEGAL', 'TRAVEL & ENTERTAIN', 'INVENTORY', and 'TELEPHONE'. A 'TOTALS TRANSFERRED FROM PREVIOUS PAGE' line is at the top left. A 'TOTALS TRANSFERRED TO TOP OF NEXT SHEET' line is at the bottom left. A 'MEMO' section is at the bottom right. Callout A points to the month and sheet number fields. Callout B points to the expense category columns. Callout C points to the 'TOTALS TRANSFERRED FROM PREVIOUS PAGE' line.

DATE	PAID TO THE ORDER OF	CHECK NUMBER	DESCRIPTION	CHECK AMOUNT	DEPOSITS	BALANCE	LINE NO.	OFFICE SUPPLIES	POSTAGE & DELIVERY	AUTO & TRUCK	UTILITIES	ADVERT	DUES & SUBSCRIPT	INSURANCE	SHIPPING SUPPLIES	LEGAL	TRAVEL & ENTERTAIN	INVENTORY	TELEPHONE		
TOTALS TRANSFERRED FROM PREVIOUS PAGE							2/65	38													
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ILLUSTRATION #1

RECORDING CASH DISBURSEMENTS:

1. Fold back the checks leaving the lowest numbered check on the journal.
2. In the Remittance box at the upper-right corner of the check enter the Date, Number and Amount of the invoice being paid. Up to 3 different invoices may be recorded in this area if all are being paid by one check. (See A of illustration 2).
3. On the posting line in the center of the check, beginning at the left enter the Date, To The Order of (Payee), Check Number and a Description of the disbursement (or Gross and Discount amounts). Complete the posting line by entering the Check Amount. (See B of illustration 2)
4. Write in the payee's address on the lines below To The Order Of, if the check is to be mailed. (See C of illustration 2)
5. Fill in the check amount on the Pay line and sign the check.
6. Enter the amount of the disbursement in the appropriate distribution column(s) on the right or back side of the journal. (See D of illustration 2)
*If a discount was taken, enter the gross amount in the disbursement column.
7. Detach the check (and duplicate, if applicable) at perforation. Place in a double window envelope for mailing. Bring the next check down to prepare for your next disbursement entry.
8. At the end of each or each group of disbursements, adjust the Bank Balance column with any checks written or deposits made. (See E of illustration 2)

CASH DISBURSEMENTS JOURNAL										DISTRIBUTION OF EXPENSES MONTH OF <u>April</u> 19 <u>XX</u> SHEET NO. <u>1</u> OF <u>1</u> SHEETS													
DATE	PAID TO THE ORDER OF	CHECK NUMBER	DESCRIPTION	CHECK AMOUNT	DEPOSITS AMOUNT	MEMO BANK BALANCE DATE	LINE NO.	OFFICE SUPPLIES	POSTAGE & DELIVERY	AUTO & TRUCK	UTILITIES	ADVERT	DUES & SUBSCRIPT	INSURANCE	SHIPPING SUPPLIES	LEGAL	TRAVEL & ENTERTAIN	INVENTORY	TELEPHONE				
TOTALS TO	A. Enter Date, Number and Amount of Invoice					2165 38																	
4/20/00	Quality		Journals	23 75		2142 63	1	23 75															
4/20/00	City			121 62		2020 01	2				121 62												
4/20/00	4" Rental	3437		275 00		1745 01	3					275 00											
4/20/00	Jim's Service Center	3438	April Charges	94 13		1650 88	4			94 13													
4/20/00	U.S. Postmaster	3439		61 49		1588 39	5		61 49														
						1267 51	6							521 88									
						2194 38	7										43 47						
						2160 71	8												126 81				
						2023 90	9																
						1987 78	10						36 12										
						1916 45	11								77 15								
						1581 83	12		379 02														
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STARTA SYSTEMS, INC. 1700 HUNTERS BLVD THE WOODS, ILL. 60060 TELEPHONE 312-461-2222		DATE	RET. NO.	AMOUNT	
		4/20/00	4287	379 02	3445
PAY <u>Three hundred twenty-nine and 02/100</u> DOLLARS		DATE	RET. NO.	AMOUNT	
		4/20/00	3445	379 02	
611 Elm Street Anytown, U.S.A. 00000		NON-NEGOTIABLE			
00445 00123456789 9012=23456*					

MEMO	CA	CR
	1	2

TRANSFER THESE TOTALS TO THE TOP OF NEXT SHEET →

PROVING PROCEDURE: THE TOTAL AMOUNTS OF COLUMNS 1 PLUS 2 MUST EQUAL THE TOTAL AMOUNTS DISTRIBUTED TO COLUMNS 3 THRU 17.

FOR PERMANENT JOURNAL STORAGE ORDER POST BINDER (ITEM NO. 9895) \$111.

ILLUSTRATION #2

PROVING THE JOURNAL

WITHOUT DISCOUNTS:

1. Total all columns and enter amounts on the Totals line. (See A of illustration 3)
2. The total of the Check Amount column (Col. 2) must equal the total of all the Distribution columns. (See B of illustration 3)
3. Carry the totals at the bottom of the journal to the top line of the next journal. By doing this your balance will always be up-to-date during the accounting period.

WITH DISCOUNTS:

1. The Gross column less the Discount column (Col.1) must equal the Check Amount column (Col.2).
2. The Check Amount column (Col. 2) plus the Discount Column (Col. 1) must equal the total of all the Distribution columns.

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DATE	PAID TO THE ORDER OF	CHECK NUMBER	DESCRIPTION	CHECK AMOUNT	DEPOSITS		BALANCE	LINE NO.	OFFICE SUPPLIES	POSTAGE & DELIVERY	AUTO & TRUCK	UTILITIES	ADVERT	DUES & SUBSCRIPT	INSURANCE	SHIPPING SUPPLIES	LEGAL	TRAVEL & ENTERTAIN	INVENTORY	TELEPHONE	
					AMOUNT	DATE															
TOTALS TRANSFERRED FROM PREVIOUS PAGE							2,165.38														
4/20/XX	Quality Forms	3435	Journals	23.78			2,141.60	1	23.78												
4/20/XX	City Power & Light	3436		121.62			2,020.00	2				121.62									
4/20/XX	A-1 Rental	3437		275.00			1,745.00	3					275.00								
4/20/XX	Jim's Service Center	3438	April Charges	94.13			1,650.87	4			94.13										
4/20/XX	U.S. Postmaster	3439		61.49			1,589.38	5		61.49											
4/20/XX	General Insurance	3440		52.18			1,537.20	6						52.18							
4/20/XX	Smith & Jones	3441		45.67	1126.87	4/20	2,194.58	7									45.67				
4/24/XX	County Bell	3442		126.81			2,067.77	8												126.81	
4/24/XX	Form's Association	3443		36.12			1,987.78	9						36.12							
4/24/XX	Universal Box Co	3444		77.13			1,910.65	10								77.13					
4/24/XX	Quality Forms	3445	Binders	379.02			1,531.63	11	379.02												
TRANSFER THESE TOTALS TO THE TOP OF NEXT SHEET					1760.62				402.77	61.49	94.13	121.62	275.00	56.12	52.18	77.13	45.67				126.81

B. Check Amount (Col. 2) = Sum total of all Distribution Columns

A. Enter Totals on Total line

ILLUSTRATION #3

ACCESSORY ITEMS AND ADDITIONAL OPTIONS

CHECKS:

Available in single Clear-Stripe™, single carbon band or carbonless duplicate with a choice of pantograph colors.

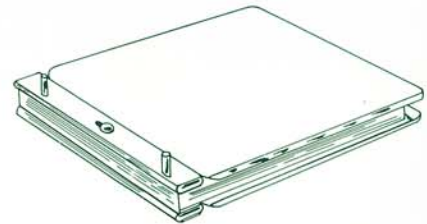
DOUBLE WINDOW ENVELOPES:

Your company name and address is positioned on the check to show through the top window as a return address. The payee name and address shows through the bottom window providing the mail to information.



EQUIPMENT:

Also available is a post binder which provides storage for completed journals.



PERSONALIZED DEPOSIT TICKETS

Compliments any Check Order

AVAILABLE:

SINGLE

Form No. WDT-100

24# White MICR Bond

Padded in 50's

Minimum Qty.=250

DUPLICATE

Form No. WDT-100-NC-2

Part #1-26# White NCR-CB

Part #2-15# Pink NCR-CF

Minimum Qty.=250

TRIPLICATE

Form No. WDT-100-NC-3

Part #1-26# White NCR-CB

Part #2-17# Canary NCR-CFB

Part #3-15# Pink NCR-CF

Minimum Qty.=250

