GEORGIA MOUNTAINS TRES DIAS

Assistant Head Cha — Financial Forms Package

Fillable PDF | Updated April 2026

CONFIDENTIAL — FOR TRES DIAS USE ONLY

FORM 1	**Weekend Fee Report** *Track payments per team meeting — 2 pages with 50 member rows*
FORM 2	**Weekend Fees Final Reconciliation** *Grand total + transmittal recap for Secretariat Treasurer*
FORM 3	**Final Team Member Fees Expense Summary** *Account for how all $20 team fees were disbursed*
FORM 4	**Team Member Drop & Refund Request** *For members who withdraw after fees have been turned in*
FORM 5	**Application for Weekend Fee Scholarship** *Confidential financial assistance request — submit to Rector*
FORM 6	**Expense Summary** *Per-area expense line-items with receipt tracking*

Secretariat Treasurer Contact
Debbie Newcomer | debbie@jwncpa.com | 770-490-5755
Jon Newcomer | 770-722-1407
Return address: 3842 Fast Lane, Cumming, GA 30028

FORM 1 — WEEKEND FEE REPORT

One envelope per meeting: label with meeting date + total | Deliver to Treasurer after 3rd and 6th meetings

GMTD Weekend # _____ **Meeting Date** _____ **Sheet Total $** _____

Assistant Head Cha _____

TEAM MEMBER PAYMENT RECORD

#	Team Member Name	Amount $	Payment Method	Notes / Scholarship
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				

SHEET 1 TOTAL $ _____

Make extra copies of this sheet as needed. Place money + copy in a sealed envelope labeled with the meeting date and total. Target: most fees collected by the 5th team meeting.

WARNING: Weekend Fee = $140. Team Fee = $20 (cash only, non-refundable). No other money may be collected at team meetings.

FORM 1 — WEEKEND FEE REPORT (Sheet 2 — Additional Members)

One envelope per meeting: label with meeting date + total | Deliver to Treasurer after 3rd and 6th meetings

GMTD Weekend # _____ **Meeting Date** _____ **Sheet Total $** _____

TEAM MEMBER PAYMENT RECORD

#	Team Member Name	Amount $	Payment Method	Notes / Scholarship
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

SHEET 2 TOTAL $ _____

Secretariat Treasurer: Debbie Newcomer debbie@jwncpa.com 770-490-5755 | Jon Newcomer 770-722-1407

FORM 2 — WEEKEND FEES FINAL RECONCILIATION

Due to Secretariat Treasurer at Closing Sunday 2:00 PM | Keep a copy for your records

GMTD Team # _____ **Rector** _____

FEE CALCULATION

Total # of Weekend Fees Collected _____ **@ $140 each = $** _____

Excludes: Rector, Spiritual Directors, SD Support, Support Cha, Rover Cha

Scholarship amount included in above $ _____

TOTAL DUE FOR ENTIRE WEEKEND $ _____

TRANSMITTAL RECAP — ONE ENTRY PER ENVELOPE DELIVERED

#	Description	Amount $	Date Submitted	Confirmed By
1	*Envelope 1 (after 3rd meeting)*			
2	*Envelope 2 (after 3rd meeting)*			
3	*Envelope 3 (after 3rd meeting)*			
4	*Envelope 4 (after 6th meeting)*			
5	*Envelope 5 (after 6th meeting)*			
6	*Envelope 6 (after 6th meeting)*			
7	*Final Collection (closing weekend)*			

GRAND TOTAL $ _____ *Must equal Total Due above*

Assistant Head Cha Signature _____ **Date** _____

All weekend fees should be out of your hands by the end of team meetings. Use this form with your final transmittal to the Secretariat Treasurer. Attach all relevant receipts.

FORM 3 — FINAL TEAM MEMBER FEES EXPENSE SUMMARY

Due to Secretariat Treasurer at Closing Sunday 2:00 PM | Attach all receipts and area expense reports

Rector _____ **GMTD Team #** _____

FEE TOTALS

Total Team Members _____

Fee Per Member $20.00 _____

Total Fees Collected $ _____

EXPENSES PAID PER SERVICE AREA — ATTACH RECEIPTS + EXPENSE REPORTS FOR EACH AREA

Rector	$
Assistant Head Cha	$
Head Cha	$
Chapel	$
Dorm	$
Table	$
Palanca	$
Prayer	$
Kitchen	$
Storeroom	$
Spiritual Directors	$
Other	$

TOTAL EXPENDITURES $ _____

REMAINING FUNDS TO TURN OVER TO TREASURER $ _____

Assistant Head Cha Signature _____ **Date** _____

Rector should set a spending limit for each area head to prevent overspending. Do not reimburse anyone without a completed expense form and receipts. All receipts must be stapled to this form.

FORM 4 — TEAM MEMBER DROP & WEEKEND FEE REFUND REQUEST

Return to: Debbie Newcomer | debbie@jwncpa.com | 3842 Fast Lane, Cumming GA 30028 | Must submit within 30 days

WARNING: Only use this form if the weekend fee has already been turned in to the Secretariat. If the fee is still in the AHC's possession, return it directly without this form. The $20 Team Fee is NON-REFUNDABLE under all circumstances.

TEAM MEMBER INFORMATION

GMTD Weekend # _____ **Date of Withdrawal** _____

Full Name _____ **Amount $** _____

Mailing Address _____

City / State / Zip _____

Reason for Leaving Team (brief) _____

SELECT ONE REFUND OPTION

OPTION 1 — Donate to Ministry

Allow the Secretariat to apply your $140 to cover weekend expenses. This may be used as a tax deduction. ☐

OPTION 2 — Request a Refund Check

A refund check will be mailed to the address above. Must be requested within 30 days of the weekend dates. ☐

SIGNATURES

Team Member Signature _____ **Date** _____

Assistant Head Cha Signature _____ **Date** _____

FORM 5 — APPLICATION FOR WEEKEND TEAM FEE SCHOLARSHIP

CONFIDENTIAL | Complete and give directly to your Rector — do not give to Assistant Head Cha

Due to various circumstances, team members occasionally need financial assistance meeting the $140.00 weekend fee. Scholarship funds are raised among other team members — the Secretariat does not provide scholarship funds. Please contribute whatever amount you are able. All information is held in strictest confidence. Complete this form and submit directly to your Rector, who will forward it to the Secretariat.

APPLICANT INFORMATION

Name _____ **Date** _____

GMTD Team # _____ **Amount of Scholarship Needed $** _____

PLEASE BRIEFLY SUMMARIZE WHY FINANCIAL ASSISTANCE IS NEEDED

We respect and love you with the unconditional love of Jesus Christ.
Thank you for your obedience and your willingness to serve.

SIGNATURES

Applicant Signature _____ **Date** _____

Rector Signature _____ **Date** _____

FORM 6 — EXPENSE SUMMARY

Return to Assistant Head Cha | Secretariat members return to Sec/Treasurer | Attach all receipts

Use this form to record all expenses during team formation and meetings — including telephone, postage, printing/copying, food, drinks, cups, and supplies. Funds come from the $20 team fees. Rector must approve all expenditures before reimbursement is issued. Receipts required for every line item.

GMTD Team # _____ **Area / Service Role** _____ **Date** _____

Name of Person Submitting _____

EXPENSE LINE ITEMS

Description and Purpose of Expense	Receipt?	Amount $
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	

TOTAL EXPENSES $ _____

AUTHORIZATION

Submitted by (Signature) _____ **Date** _____

Rector Approval (Signature) _____ **Date** _____

WARNING: Do not issue any reimbursement until a completed expense form with attached receipts and Rector approval has been received.