

IPD INSTITUTE FOR PROFESSIONAL DEVELOPMENT

# ANNUAL FINANCIAL STATEMENT WORKSHOP

JANUARY 22, 2016 NEW JERSEY LAW CENTER

Approved by DCA - CMFO, CCFO, - 4 CEU's - Accounting  
Approved - 4 CPE's RMA, CPA, PA - 4 CPE's - Accounting/Auditing

**Hands on Case Study developed for this seminar that you can use for a reference of Current, Capital and Trust Major Journal Entries. Review of AFS Entries**

9:00am - 9:30 am Registration, **HOT BUFFET BREAKFAST**

9:30am - 12:50pm \* Review of Post Closing Trail Balance

\* **Review of:** Monthly cash receipts by Fund and Category  
Current and General Capital Funds  
Data Sheet  
Schedule of Bonds Issued and Outstanding  
Debt Service  
Posting of Journal Entries to the General Ledger  
Posting from the General Ledger to the AFS  
Valuable Reference Materials

**SPEAKER: Fred Tomkins, CPA, RMA**

Directions on our web site - "http://ipd2.com"

TO ASSURE PROPER POSTING, PLEASE ATTACH A COPY OF THIS APPLICATION WITH YOUR PAYMENT

Mail Checks to: Institute For Professional Development

P.O. Box 1468, Clifton, New Jersey 07015-1468 Telephone (973)-777-4200

No One Will Be Permitted Without Purchase Order or Payment By Day of Seminar P.O. # \_\_\_\_\_

\_\_\_\_ I wish to register for the January 22, 2016 "Annual Financial Statement Workshop"

**FAX YOUR REGISTRATION FORM TO (973)-777-0401**

**Cancellation Policy - 48 Hours in advance of seminar, in writing\*\***

**During inclement Weather, Call the Day Before the Seminar\*\***

**SEMINAR INCLUDES HOT BUFFET BREAKFAST \$ 99.00 per person Registration At Door \$ 125.00**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Organization or Government Unit

Telephone Number

Fax Number

### **CLAIMANTS CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalty of the law That the within bill is correct in all particulars, the articles Have been furnished or services rendered as stated herein, that no bonus has been given or received by any person or persons within knowledge of this claimant in connection with the above Claim and that the amount charged is a reasonable one.

Just mail your check with this application form you do not need to send your Voucher for a separate signature since the presigned certification on the left can be attached to your Voucher in lieu of sending it to us for a signature. This form has been determined by DLGS to meet the requirement of the statutes for this type of expenditure.

Michael F. Conti, Program Coordinator

P.O. Box 1468, Clifton, NJ 07015-1468 (973)-777-4200 - FAX (973) 777-0401