

## **TREASURER**

Revised June 2015

**PURPOSE** Receive, deposit, disburse, record, and report all financial actions resulting from NCSSSA business activities. Act as the NCSSSA Executive Committee's financial technical resource in planning, organizing, and maintaining Organization matters.

### **RESPONSIBILITIES**

#### **CONFERENCE YEAR**

1. Upon taking office, the Treasurer shall establish and maintain the NCSSSA bank accounts. No transaction shall be made without the President or designee's prior approval. Approval must be documented in the Treasurer's records.
2. Within 30 days following the Annual Conference, the Treasurer shall likewise establish a financial ledger consistent with standard record keeping practices. Update and maintain ledger entries on a cash basis.
3. Issue payments for NCSSSA expenditures as approved and authorized by the President or designee. Maintain receipts for all expenditures.
4. Annually by January 15, prepare and release the Annual Dues billing notice to all States and associated dues paying members. The billing notice shall be prepared as shown in EXAMPLE 1. Dues are payable annually and no later than March 31.
5. By April 15, mail a 'reminder notice' to any state or dues paying member failing to remit the annual dues. Report final collection activities to the President by June 15.

#### **ANNUAL CONFERENCE**

6. Assist the Program Committee Chair in conference pre-site activities (site negotiations, site deposits, etc.). Authorized expenses incurred shall be paid by NCSSSA.
7. Plan, organize, and direct all registration activities for the Annual Conference including but not limited to the following:
  - A. Prepare participant registration forms (EXAMPLE 2) for Administrators, the Internal Revenue Service, and Social Security Administration attendees, and the Guest Registration form (EXAMPLE 3).
  - B. Collect and deposit in the NCSSSA account all NCSSSA fee payments.
  - C. Secure and prepare Annual Conference registration materials including attendee name badges/pin holders, registration roster, and registration package (in conjunction with Program Committee Chair). Establish registration hours and locale and provide this information to the Program Committee Chair. Arrange registration site coverage during the registration periods.

- D. Prior to the opening Annual Conference sessions, prepare and provide the President with a list of Past Presidents, new Administrators, Internal Revenue Service and Social Security Administration officials, retirees and special guests attending the Annual Conference. (EXAMPLE 4)
- E. Assist the President, First Vice President, and Vice President Designate in coordinating other activities as requested or wherein financial matters must be processed (i.e., social events, hotel items, etc.). Secure cash advances, as authorized by the President or designee, to permit pre or post Annual Conference purchases/payables.

## **POST CONFERENCE**

- 8. Within 30 days following the Annual Conference, prepare and submit to the Executive Committee an NCSSSA Expenditure Recap (EXAMPLE 5).
- 9. Within 45 days following the Annual Conference, prepare and provide the NCSSSA prior year financial statements to the newly elected President.
- 10. As requested by the President, prepare and submit periodic reports concerning NCSSSA finances.
- 12. Annually by October 31, prepare and file Form 990 or Form 990EZ with the Internal Revenue Service. Submit a copy of the filed form to the President.
- 13. Obtain Internal Revenue Service Form W9 from all vendors and prepare and issue any applicable Form 1099 to vendors used in the prior calendar year.
- 14. Facilitate a smooth transition between the outgoing Treasurer and newly elected Treasurer.
- 15. The outgoing Treasurer shall ensure, by working with the outgoing President, that all of NCSSSA's accounts for the past conference year are paid in full. The outgoing Treasurer shall turnover all prior records and materials. At the option of the newly elected Treasurer and within 60 days of election, the financial accounts may remain at the current financial institution (new President and Treasurer signature cards required) or that account closed and a new account opened at another financial institution (a Cashier's Check is required for the account balance(s)). The outgoing Treasurer shall review the Treasurer's responsibilities with the newly elected Treasurer and serve as a technical resource.
- 16. During the Annual Conference, prepare and present the Annual Treasurer's Report. The report shall be prepared consistent with the Secretary's prescribed format and shall contain a summarized listing of deposits and disbursements. The report shall be made available to all NCSSSA members and Audit Committee. The Treasurer shall provide the Audit Committee with the prior year's financial ledger and detailed records.
- 17. The outgoing Chair shall prepare and submit proposed procedural changes to the Governing Documents Committee within 30 days following the Annual Conference. Changes may also be recommended during the conference year if deemed necessary and appropriate.

DATE (Insert date)  
TO (Insert names)  
FROM (Insert name), NCSSSA Treasurer  
REGARDING (Insert Year) Annual Membership Dues

The State membership dues for the National Conference of State Social Security Administrators (NCSSSA) for calendar year (insert year) are \$300.00. Please consider this letter your annual invoice.

Your State may pay the dues by check, Visa, MasterCard, or Discover. If paying by check, please make the check payable to the 'National Conference of State Social Security Administrators' or 'NCSSSA' and mail the payment with a copy of this letter no later than March 31, (insert year) to:

\_\_\_\_\_  
(Treasurer's name)  
\_\_\_\_\_  
(Mailing Address  
\_\_\_\_\_  
(City, State, Zip)

If paying by credit card, please call me with the following information:

State Cardholder Name \_\_\_\_\_  
Name (if not cardholder) \_\_\_\_\_  
Cardholder's Billing Address \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Three digit Credit Verification Code \_\_\_\_\_  
Email address for receipt \_\_\_\_\_

For your records, the NCSSSA tax identification number is **FEIN# 23-7413834**. Thank you for your continued support of NCSSSA. I hope to see everyone at the Annual Conference in (insert city, state) in (insert month).

**NATIONAL CONFERENCE OF STATE SOCIAL SECURITY ADMINISTRATORS  
(Insert Conference Number) Annual Conference Registration Form  
(Insert Location)  
(Insert Full Date of Conference)**

State or Organization					
Anticipated Arrival Date				Anticipated Departure Date	
Name				Title	
				Days	
<b>TOTAL Number of Registrants</b>			<b>X</b>	<b>\$450.00</b>	= \$
<b>EARLY BIRD DISCOUNT FOR <u>PAYMENTS RECEIVED ON OR BEFORE JUNE 30</u>, (Insert Year)- \$25 Per participant</b>			X	-\$25.00	\$-
<b>GRAND TOTAL REGISTRATION FEE PAID</b>					\$
<b>Please list any special dietary needs or accommodation</b>					

The Monday Night Networking Session is included in your registration fee; however, attendance remains optional. For planning purposes, please mark the box to the right if you will not be attending the event. This year's event does **not** include dinner; however, light appetizers will be provided. Attendees are responsible for dinner.



Conference Registration Fee includes participant materials, admission to all sessions, and all meals/events being provided by the Conference. If family or other guests are accompanying Conference participants and would like to participate in any meal or event, please contact the number below for specific costs that can be paid individually.

Fax form to (insert fax number) and call (insert Treasurer's name) at (phone number) for credit card payment. You may also return this form along with a check payable to 'NCSSSA' to (insert Treasurer's name/ mailing address). NCSSSA's TIN #: 23-7413834

**Refunds** will only be granted for requests received in writing by **July 15, (insert year)**. Requests can be emailed to [treasurer@ncssa.org](mailto:treasurer@ncssa.org). Refunds will not be granted after this date. No-shows are responsible for full payment.

**Substitution Policy:** If you are unable to attend the conference and have already registered, you may designate another person to take your place. Please complete a registration form for the new attendee and indicate the name of the individual who is being replaced.

Continuing Professional Education (CPE) may be available depending on the individual certification requirements. People needing CPE credits should contact their licensing/regulatory officials to determine how to obtain CPE credit for attending NCSSSA Annual Conference sessions.

**NATIONAL CONFERENCE OF STATE SOCIAL SECURITY ADMINISTRATORS**  
**Annual Conference Participant Meal Selection Form**  
**Paid Participant's Guest**  
**Meals Only Selection Form**  
**(Insert location and year)**

Participant's State or Organization \_\_\_\_\_  
 Participant's Name \_\_\_\_\_  
 Guest(s) Name \_\_\_\_\_  
 Anticipated Arrival Date \_\_\_\_\_  
 Departure Date \_\_\_\_\_

**SELECT INDIVIDUAL MEALS**

Do not fill in this section if the person(s) is/are listed above. Note – there is no charge for guests under 3 years old:

Day/Date	Meal (See following page for detailed menu items)	Total Number of Individuals Age 3 and Older		Meal Cost	Total Number of Individuals Age 3 & Older x Meal
Sun – (Date)	Welcome Dinner (insert menu selection)		X	\$	\$
Mon – (Date)	Buffet Breakfast		X	\$	\$
Mon – (Date)	Lunch—(insert menu selection)		X	\$	\$
Mon – (Date)	Monday Night Event—Networking Session and Hors D'Oeuvres		X	\$	\$
Tues – (Date)	Breakfast Buffet		X	\$	\$
Tues – (Date)	Lunch—(insert menu selection)		X	\$	\$
Wed – (Date)	Breakfast—Continental Buffet		X	\$	\$
Totals					\$

Please note any special dietary needs \_\_\_\_\_

GRAND TOTAL GUEST REGISTRATION FEE PAID--> \$\_\_\_\_\_

Call (insert Treasurer's name) for credit card payment at (insert Treasurer's phone number) OR return this form along with a check payable to NCSSSA to:

**(Insert Treasurer's name), NCSSSA Treasurer**  
**(Insert Treasurer's street address)**  
**(Insert Treasurer's city, state, zip)**  
**(Insert Treasurer's FAX number)**

**EXAMPLE 4**

**NATIONAL CONFERENCE OF STATE SOCIAL SECURITY  
ADMINISTRATORS  
(Insert Number) Annual Conference  
Attendee List**

Please Choose One Only				
Name	Member	IRS / SSA	Retiree	Notations
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

**EXAMPLE 5**

**NATIONAL CONFERENCE OF STATE SOCIAL SECURITY  
ADMINISTRATORS**

**Annual Expenditure Recap**

**(Insert Year) Conference Year Expense Items**

Item	Expense
1. Program booklet	\$00.00
2. Printing (other)	\$00.00
3. Name tags with ribbon/lanyard	\$00.00
4. NCSSSA pins	\$00.00
5. NCSSSA calendar	\$00.00
6. Postage	\$00.00
7. Shipping	\$00.00
8. Executive Committee gifts	\$00.00
9. Conference gifts	\$00.00
10. Special gifts / acknowledgements	\$00.00
11. Travel	
A. Pre-site	
i. Transportation	\$00.00
ii. Meals / hotel	\$00.00
B. Leadership meetings	
i. Transportation	\$00.00
ii. Meals / hotel	\$00.00
C. Other	
i. Transportation	\$00.00
ii. Meals / hotel	\$00.00
12. Speaker Fees	\$00.00
13. Conference Facility	
A. Executive Committee breakfast (Sunday)	\$00.00
B. President's Welcome (Sunday)	\$00.00
C. Monday full breakfast	\$00.00
D. Monday lunch	\$00.00
E. Monday morning and afternoon breaks	\$00.00
F. Tuesday full breakfast	\$00.00
G. Tuesday lunch	\$00.00
H. Tuesday morning and afternoon breaks	\$00.00
I. Wednesday continental breakfast	\$00.00
J. Wednesday lunch	\$00.00
K. Meeting Rooms	\$00.00
L. Hospitality Room	\$00.00
M. Other	\$00.00
	Total
	\$00.00