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Invoice



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Invoice

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Invoice for the month of: **March 20xx**

ACH - Checking/Savings Transactions

<i>Items Charged</i>	<i>Quantity</i>	<i>Rate</i>	<i>Total Charges</i>
Two-Day Transaction	20	0.25	5.00
Internet / File Authorization	5	0.50	2.50
Return / Notification of Change	1	3.00	3.00

ACH - Checking/Savings Transactions Total: 10.50

Credit/Debit Card Transactions

<i>Items Charged</i>	<i>Quantity</i>	<i>Rate</i>	<i>Total Charges</i>
Internet / File Authorization	25	0.50	12.50
Failed Transactions	1	0.45	0.45

Credit/Debit Card Transactions Total: 12.95

Miscellaneous

<i>Items Charged</i>	<i>Quantity</i>	<i>Rate</i>	<i>Total Charges</i>
Web Hosting Fee	1	25.00	25.00

Miscellaneous Total: 25.00

Invoice Total: 48.45

Invoice will be settled electronically on xx/xx/20xx

ACH Fund Detail Report (eCheck)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

ACH Fund Detail Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Deposit Date: xx/xx/20xx

Fund Totals

<i>Fund ID</i>	<i>Customer ID</i>	<i>Amount</i>
0001	General Offering	500.00
0002	Tuition Payment	5,400.00
Total:		5,900.00

\$5,900.00 will be deposited into your account on **xx/xx/20xx**

Transaction Detail

Customer Withdrawal Date: xx/xx/20xx

<i>Customer Name</i>	<i>Customer ID</i>	<i>Fund Name</i>	<i>Fund Amount</i>	<i>Total Amount</i>
Anderson, John	209	General Offering	100.00	100.00
Beste, Mark	242	General Offering	150.00	100.00
Clark, Cindy	217	General Offering	50.00	50.00
Clarkson, Kim	253	General Offering	150.00	150.00
Davidson, Bill	281	General Offering	100.00	100.00
Gomez, Maria	203	Tuition Payment	675.00	675.00
Lindstrom, Todd	208	Tuition Payment	675.00	675.00
Malone, Robert	267	Tuition Payment	675.00	675.00
	267	Tuition Payment	675.00	675.00
Nygaard, Frank	221	Tuition Payment	675.00	675.00
Paul, Christopher	234	Tuition Payment	675.00	675.00
Rodriguez, Antonio	246	Tuition Payment	675.00	675.00
Stevenson, Sarah	211	Tuition Payment	675.00	675.00

Total: **5,900.00**

Merchant Services Fund Detail Report (Card Processing)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Merchant Services Fund Detail Report

Date: xx/xx/20xx

Time: xx:xx:xx CT

Phone: 123-456-7890

Fax: 123-456-7891

Client ID: XX1234

Deposit Report

Net amount of **\$870.30** will be deposited into your account ending with **1234** on **xx/xx/20xx**.

Summary

<i>Card Type</i>	<i>Gross Amount</i>	<i>Discount Amount</i>	<i># Trans</i>	<i>Trans fee</i>	<i>Net Amount</i>
Amex	0.00	0.00	0	0.00	0.00
Discover	0.00	0.00	0	0.00	0.00
Mastercard	100.00	2.75	1	0.45	96.80
Visa	800.00	22.00	10	4.50	773.50
Total	900.00	22.75	11	4.95	870.30

Fund Totals

<i>Fund ID</i>	<i>Fund Name</i>	<i>Amount</i>
0001	General	525.00
0002	Building	175.00
0003	Missions	200.00
Total:		900.00

Member Detail

<i>Member Name</i>	<i>Member ID</i>	<i>Fund Name</i>	<i>Fund Amount</i>	<i>Total Amount</i>
Atkins, Peter	002C	General	100.00	100.00
Baily, John	011C	General	100.00	100.00
Coppin, Patrick	016C	Building	100.00	100.00
Dickinson, Tammy	023C	Missions	100.00	100.00
Eling, Amy	027C	Building	75.00	
	027C	General	25.00	100.00
Irving, Hal	038C	General	75.00	75.00
Johnson, Al	045C	Missions	100.00	
	045C	General	100.00	200.00
Madox, Tiffany	052C	General	75.00	75.00
Peters, Rich	070C	General	50.00	50.00
Total:				900.00

ACH Deposit Report (eCheck)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

ACH Deposit Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Deposit Report

\$440.30 will be deposited into your account ending with 4321 on **xx/xx/20xx**.

Transaction Detail

Customer Withdrawal Date: xx/xx/20xx

<i>Customer Name</i>	<i>Customer ID</i>	<i>Account Number</i>	<i>Type</i>	<i>Amount</i>
Anderson, John	5555	xxxxxxxx1111	PPD	100.00
Gomez, Maria	4444	xxxxxxxx3331	PPD	140.30
Ellison, Alex	1132	xxxxxxxx5611	PPD	200.00
Total:		Count: 3		440.30

Merchant Services Deposit Report (Card Processing)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Merchant Services Deposit Report

Date: xx/xx/20xx

Time: xx:xx:xx CT

Phone: 123-456-7890

Fax: 123-456-7891

Client ID: XX1234

News

Just a reminder that Vanco processes ACH transactions on every business day, which is defined as a calendar day other than Saturday, Sunday or a Federal Holiday.

Deposit Report

Net amount of **\$1,256.90** will be deposited into your account ending with **1234** on **xx/xx/20xx**.

Summary

<i>CNP Transactions</i>	<i>Gross Amount</i>	<i>Discount Amount</i>	<i># Trans</i>	<i>Trans fee</i>	<i>Net Amount</i>
Amex	500.00	17.50	1	0.45	482.05
Discover	0.00	0.00	0	0.00	0.00
Mastercard	150.00	4.12	2	0.90	144.98
Visa	650.00	17.88	5	2.25	629.87
CNP Total	1,300.00	39.50	8	3.60	1,256.90
Total:	1,300.00	39.50	8	3.60	1,256.90

Transaction Detail

<i>Charge Date</i>	<i>Member Name</i>	<i>Member ID</i>	<i>Card Type</i>	<i>Gross Amount</i>
xx/xx/20xx				
	Anderson, John	12347789	MasterCard	100.00
	Bodington, Katherine	12400911	Visa	150.00
	Clark, Brian	12202928	Visa	75.00
	Cruz, Maria	12200913	Visa	125.00
	Castillo, Carols	12300091	MasterCard	50.00
	Gomez, Antonio	12720292	Amex	500.00
	McCarther, Kevin	12100921	Visa	200.00
	Richardson, Clem	12981722	Visa	100.00
	Total			1,300.00
	Gross Total			1,300.00

ACH Confirmation Report (eCheck)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

ACH Confirmation Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Deposit Date: xx/xx/20xx

News

Just a reminder that Vanco processes ACH transactions on every business day, which is defined as a calendar day other than Saturday, Sunday or a Federal Holiday.

Fund Totals

<i>Fund ID</i>	<i>Fund Name</i>	<i>Amount</i>
1234	General Operating	225.00
5678	Missions	100.00
Total:		325.00

\$325.00 will be deposited into your account ending with 1234 on **xx/xx/20xx**.

Donor Detail

<i>Donor Name</i>	<i>Donor ID</i>	<i>Fund Name</i>	<i>Fund Amount</i>	<i>Total</i>
Anderson, John	2796	Fund Name 1	65.00	65.00
Beste, Mark	657	General Operating	160.00	260.00
	657	Missions	100.00	
Total:				325.00

Merchant Services Confirmation Report (Card Processing)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Merchant Services Confirmation Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Activity for xx/xx/20xx

New Customers* / New Transactions

<u>Customer Name</u>	<u>Customer ID</u>	<u>Fund ID</u>	<u>Start Date</u>	<u>End date</u>	<u>Freq</u>	<u>Amount</u>
* Anderson, John	503	0001	xx/xx/20xx	None	M	125.00
* Cruz, Raul	567	0001	xx/xx/20xx	None	M	50.00

New Customer Payment Methods

<u>Customer Name</u>	<u>Customer ID</u>	<u>New Account</u>	<u>Account Type</u>
Anderson, John	503	xxxxxxxxxxxx4536	CC
Cruz, Raul	567	xxxxxxxxxxxx2386	CC

Online Donation Confirmation (WebPay)

Grace Church
123 Main Street
Anytown, MN 55411
xxx-xxx-xxxx

xx/xx/20xx 10:09:31 AM

Thank you for your donation!

Confirmation number:	32397691
First Name:	John
Last Name:	Doe
Address 1:	101 Maple St
Address 2:	
City, State Zip:	Anytown, MN 54321
Phone Number:	952-987-2001
Email Address:	j.doe@emailexample.com
General Fund:	100.00
Missions:	50.00
Total Donation:	150.00
Account Type:	Checking Account
Routing Number:	xxxxx0019
Account Number:	xxxxxxxx2030
Donation Frequency:	Monthly
Donation Start Date:	xx/xx/20xx



Online Registration Confirmation (WebPay)

Grace Church & School

123 Main Street
Anytown, MN 55411
xxx-xxx-xxxx

xx/xx/20xx 05:01:31 PM

Thank you for your payment!

Confirmation number: 52478516
First Name: John
Last Name: Doe
Address 1: 101 Maple St
Address 2:
City, State Zip: Anytown, MN 54321
Phone Number: 952-987-2001
Email Address: j.doe@emailexample.com
Student's First Name: Sarah
Student's Last Name: Doe
Gender: Female
Grade 20xx/20xx School Year: 2
School: Grace School
Church: Grace Church
Church Attended Last Year: Grace Church
Primary Email Address: j.doe@emailexample.com
Home Phone:
Cell Phone:
Pee Wee Soccer (Coed JK-2nd): \$55.00
Total Payment: \$55.00

Account Type: Credit Card
Account Number: xxxxxxxxxxxx1192
Start Date: xx/xx/20xx



Online Tuition Confirmation (WebPay)

Grace Church & School
123 Main Street
Anytown, MN 55411
xxx-xxx-xxxx

xx/xx/20xx 05:22:48 PM

Thank you for your tuition payment!

Confirmation number:	20658723
First Name:	Katherine
Last Name:	Doe
Address 1:	101 Maple St
Address 2:	
City, State Zip:	Anytown, MN 54321
Phone Number:	952-987-2001
Email Address:	katherine.doe@emailexample.com
Tuition:	\$675.00
Total Tuition Payment:	\$675.00
Tuition Payment Frequency:	One-Time
Tuition Payment Start Date:	xx/xx/20xx
Account Type:	Credit Card
Account Number:	xxxxxxxxxxxx1192



File Confirmation Report



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

File Confirmation Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

File Name: ESXXXXX
File Name: 265

Status: Successful Import
Status: Credit/Debit Card Processing

Total Amount: \$150.00
Total Rejected: 0

Total Transactions: 2
Total Transactions: 1

ACH Processing Report (eCheck)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

ACH Processing Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Processing Report

Customer Withdrawal Date: xx/xx/20xx

Count: 3

Total: 440.30

Deposit Date: xx/xx/20xx

Amount of deposit may be less than total due to returns.

Transaction Detail

<i>Customer Name</i>	<i>Customer ID</i>	<i>Account Number</i>	<i>Type</i>	<i>Amount</i>
Beste, Mark	5555	xxxxxxxx1111	PPD	100.00
Gomez, Maria	4444	xxxxxxxx3331	PPD	140.30
Rodriguez, Antonio	1132	xxxxxxxx5611	PPD	200.00
Total:		Count: 3		440.30

Merchant Services Processing Report (Card Processing)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Merchant Services Processing Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Summary

<i>Card Type</i>	<i>Charges</i>	<i>Amount</i>	<i>Returns</i>	<i>Amount</i>	<i>Failed Transactions</i>
Amex	0	0	0	0.00	0
Discover	0	0	0	0.00	0
Mastercard	3	140.00	0	0.00	0
Visa	8	585.00	0	0.00	1
Total:	11	725.00	0	0.00	1

Charges

<i>Customer Name</i>	<i>Customer ID</i>	<i>Processing Date</i>	<i>Amount</i>
MasterCard			
Cruz, Maria	052C	xx/xx/20xx	50.00
Duling, David	074C	xx/xx/20xx	45.00
Meeks, Katherine	071C	xx/xx/20xx	45.00
MasterCard Total:		Count: 3	140.00
Visa			
Elkington, Susan	069C	xx/xx/20xx	50.00
Fayette, Mathew	083C	xx/xx/20xx	65.00
Granger, Phil	097C	xx/xx/20xx	100.00
Gunderson, Gail	085C	xx/xx/20xx	45.00
Johnson, Diane	108C	xx/xx/20xx	165.00
Klinger, Katie	099C	xx/xx/20xx	50.00
McCarther, Molly	154C	xx/xx/20xx	45.00
Sanders, Emily	222C	xx/xx/20xx	65.00
Visa Total:		Count: 8	585.00
Total Charges:		Count: 11	725.00

Weekly Activity Report With Detail



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Weekly Activity Report With Detail

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Summary: 02/16/20xx - 02/20/20xx

Account	Transaction Date	Report Date	Batch #	Report	Deposits	Withdrawals
1703	02/17/xx	02/01/xx		Invoice	0.00	38.98
	02/17/xx	02/12/xx	9312901	ACH Deposit Report	3,146.00	0.00
	02/18/xx	02/17/xx	9338710	MS Deposit Report	659.31	0.00
Total:	4				3,805.31	38.98
Grand Total:	4				3,805.31	38.98

02/17/20xx	Transaction Date	ACH Deposit Report Detail			Account: 1703
Customer ID	Customer Name	Fund Name	Customer Account	Amount	
401	Johnson, Paul	General Fund	0350	100.00	
465	Hoffman, Michelle	Capital Campaign	1483	50.00	
Total:	2			150.00	

02/18/20xx	Transaction Date	MS Deposit Report Detail				Account: 1703	
Customer ID	Customer Name	Fund Name	Proc Date	Gross Amount	Trans Fee	Discount Rate Fee	Amount
512	Johnson, Paul	General Fund	02/16/xx	100.00	0.45	2.75	96.80
429	Hoffman, Michelle	Capital Campaign	02/16/xx	100.00	0.45	2.75	96.80
Total:	2						193.60

Fund Totals

Fund Name	Gross Amount	Transaction Fee	Discount Rate Fee	Total Amount
Capital Campaign	150.00	0.45	2.75	146.80
- ACH	50.00			50.00
- MS	100.00	0.45	2.75	96.80
General Fund	200.00	0.45	2.75	196.80
- ACH	100.00			100.00
- MS	100.00	0.45	2.75	96.80

Detail Grand Total

ACH/MS	Gross Amount	Transaction Fee	Discount Rate Fee	Total Amount
ACH	150.00			150.00
MS	200.00	0.90	5.50	193.60
Grand Total:	350.00	0.90	5.50	343.60

Credit Card Expiration Date Report (Card Processing)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Credit Card Expiration Date Report

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Expire This Month

<i>Customer ID</i>	<i>Customer Name</i>	<i>Account Number</i>	<i>Expiration Date</i>
101	Last, First	xxxxxxxxx1245	xx/xx/xx
102	Last, First	xxxxxxxxx8056	xx/xx/xx
103	Last, First	xxxxxxxxx2101	xx/xx/xx

Expire Next Month

<i>Customer ID</i>	<i>Customer Name</i>	<i>Account Number</i>	<i>Expiration Date</i>
121	Last, First	xxxxxxxxx2001	xx/xx/xx
134	Last, First	xxxxxxxxx4044	xx/xx/xx

Expired

<i>Customer ID</i>	<i>Customer Name</i>	<i>Account Number</i>	<i>Expiration Date</i>
111	Last, First	xxxxxxxxx1223	xx/xx/xx

Returns Report (eCheck)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Returns Report
Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

Returns Report

\$75.00 will be withdrawn from your account on xx/xx/20xx

Transaction Detail

<i>Customer Name</i>	<i>Customer ID</i>	<i>Account Number</i>	<i>Reason</i>	<i>Amount</i>	<i>Original Settlement</i>
Gomez, Maria	149C	xxxxxxxx2052	Insuf Funds	75.00	xx/xx/20xx
Totas:				75.00	Count: 1

Insuff. Funds

R01 - According to the customer's bank, there are not sufficient funds in their account. **Contact the customer** to discuss.

Merchant Services Failed Transactions (Card Processing)



800-675-7430 (Phone)
cs@vancopayments.com

Account Administrator's Name
Organizations Name

Merchant Services Failed Transactions

Date: xx/xx/20xx
Time: xx:xx:xx CT

Phone: 123-456-7890
Fax: 123-456-7891

Client ID: XX1234

The Merchant Services Failed Transactions Report lists any transactions that have failed, the reason why those transactions failed and/or any payment methods that have been cancelled.

Failed Transactions

For explanations of why these transactions failed, refer to the definitions below the list.

<i>Customer Name</i>	<i>Customer ID</i>	<i>Date</i>	<i>Reason</i>	<i>Account #</i>	<i>Amount</i>
Visa					
Sanders, William	321	xx/xx/20xx	Declined	9833	50.00
Visa Total:			Count: 1		50.00
Total Failed:			Count: 1		50.00

Declined The card issuer will not allow the transaction to process. Vanco does not know the reason why, but there may be a problem with the the card. The carholder should contact the card issuer for assistance.