

APPENDIX

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EXHIBIT C Accounts Payable Voucher

EXHIBIT D Payroll Schedule and Voucher

EXHIBIT E Mileage Claim

EXHIBIT F Accounts Payable Voucher Register

EXHIBIT G Fund Ledger and Ledger of Receipts

EXHIBIT H Treasurers Daily Balance of Cash

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EXHIBIT J Teacher's Service Record

EXHIBIT K Employee's Service Record

EXHIBIT L Employee's Earnings Record

EXHIBIT M Charter School Check

EXHIBIT N Payroll Check

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EXHIBIT W School Food, Cash Disbursement and Fund Balance

ACCOUNTS PAYABLE VOUCHER

_____ SCHOOL CORPORATION _____, Indiana

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee _____ _____ _____	Purchase Order No. _____ Terms _____ Date Due _____
----------------------------------	---

Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
Total			

SAMPLE

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____.

_____, 20____ Signature _____ Title _____

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

_____, 20____ Treasurer _____

EXHIBIT C
 PAGE 1

Claim No. _____

Warrant No. _____

IN FAVOR OF

\$ _____

On Account of Appropriation No. _____ for

Allowed _____, 20__

In the sum of \$ _____

(Board or Commission)

FILED

(Official Title)

I have examined the within claim and hereby certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently { correct.
incorrect.

Disbursing Officer

I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except

SAMPLE

TREASURERS DAILY BALANCE OF CASH

		Balance From The Previous Day 1				Receipts For The Day 2				Investments Purchased For The Day 3				Disbursements For The Day 4				Investments Cashed For The Day 5				Balance Close of Day 6			
1	Ledger Balance - Cash Funds									x	x	x	x					x	x	x	x				
2	Investments From Ledger Funds					x	x	x	x					x	x	x	x								
3	Totals																								
						Deposits During Day				Warrants Issued During Day															
		Depository Balances Previous Day 1				Ledger Funds 2				Investments From Depository Balances Cashed-Cost 3				Ledger Funds 4				Investments From Depository Balances Purchased-Cost 5				Depository Balances Close of Day 6			
NAMES OF DEPOSITORIES																									
4A																									
4B																									
4C																									
4D																									
4E																									
4F																									
4G																									
4H																									
4I																									
4J																									
5	Total Depository Balances																								
		Investment Balances Previous Day 1								Investments Purchased-Cost 3				Investments Cashed-Cost 5				Investment Balances Close of Day 6							
INVESTMENTS - (Listed by Funds as Shown in Investment Register)																									
6A						x	x	x	x					x	x	x	x								
6B						x	x	x	x					x	x	x	x								
6C						x	x	x	x					x	x	x	x								
6D						x	x	x	x					x	x	x	x								
6E						x	x	x	x					x	x	x	x								
6F						x	x	x	x					x	x	x	x								
6G						x	x	x	x					x	x	x	x								
6H						x	x	x	x					x	x	x	x								
6I						x	x	x	x					x	x	x	x								
6J						x	x	x	x					x	x	x	x								
7	Depository Balances Invested					x	x	x	x					x	x	x	x								
8	Total Investments					x	x	x	x					x	x	x	x								
9	Totals - Depositories and Investments					x	x	x	x					x	x	x	x								

DEPOSITORIES AND INVESTMENTS

DATE _____ 20____

	Column 1					Column 2					
Cash on Hand Beginning of Day (Line 11, preceding page)						x	x	x	x	x	1
Add Receipts for the Day (Line 1, Col. 2, opposite page)						x	x	x	x	x	2
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)						x	x	x	x	x	3
Totals						x	x	x	x	x	4
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)						x	x	x	x	x	5
Net Cash on Hand for which Accountable						x	x	x	x	x	6
Cash on Hand Close of Day (Per Cash Count):											7
Currency			x	x	x						8
Coins			x	x	x						9
Checks and Money Orders			x	x	x						10
Total Cash on Hand Close of Day			x	x	x						11
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)			x	x	x						12
Net Cash on Hand (After Deducting Advances)			x	x	x						13
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)			x	x	x						14
Total Cash on Hand an in Depository			x	x	x						15
Add Cash Under			x	x	x						16
Deduct Cash Over			x	x	x						17
Total			x	x	x						18
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)			x	x	x						19
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)			x	x	x						20
											21
											22
											23
											24
											25
											26
											27
											28
											29
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											31
											32
											33
											34
											35
											36
											37
											38

EXHIBIT H
 PAGE 2

TEACHER'S SERVICE RECORD

SCHOOL YEAR 20__ - 20__

SOC. SEC. NO. _____

RETIREMENT NO. _____

SCHOOL CORPORATION _____

COUNTY _____

NAME _____

DATE EMPLOYED _____

CONTRACT \$ _____

PER DAY \$ _____

ADDRESS _____

SCHOOL CORP. OF LAST EMPLOYMENT _____

ACCUMULATED SICK LEAVE EARNED _____

CREDIT TO DATE (EXCLUDING THIS SCHOOL YEAR) _____

PAY PERIOD ENDING MONTH OR OTHER	DAYS IN PERIOD	DAYS LOST	DAYS WORKED	SICK & QUARANTINE DAYS USED	FAMILY DEATH DAYS USED	PERSONAL OR CIVIC AFFAIRS DAYS USED	GROSS SALARY	BALANCE SICK & QUARANTINE DAYS UNUSED	NAME OF SUBSTITUTE EMPLOYED DURING ABSENCE OF REGULAR TEACHER	NO. OF DAYS EMPLOYED	RATE PER DAY PAID TO SUBSTITUTE	
ACCUMULATED LEAVE BROUGHT FORWARD (BALANCE UNUSED FORMER YEARS)												
AVAILABLE SICK AND QUARANTINE LEAVE THIS SCHOOL YEAR (INCLUDING NOT TO EXCEED 3 DAYS CREDIT FROM LAST EMPLOYMENT)												
							\$				\$	
TOTALS							\$				\$	

ACCUMULATED LEAVE FORWARDED TO NEXT SCHOOL YEAR

EXHIBIT J

EMPLOYEE'S EARNINGS RECORD

UNIT _____ BASIS OF PAY (PER MONTH, WEEK, HOUR) _____ MR., MRS., MISS _____
 OFFICE, BOARD OR DEPARTMENT _____ OTHER COMPENSATION TYPE _____ ADDRESS _____
 (SEE OTHER SIDE FOR INSTRUCTIONS) AMOUNT _____ CITY _____ ZIP CODE _____
 EXEMPTION STATUS FEDERAL _____ STATE _____ SOC. SEC. NO. _____

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

General Payroll Form 99B (Rev. 1985)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	C o d e	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS						AMOUNT OF WARRANT	WARRANT NUMBER
							FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE	RETIREMENT			
	FORWARD													
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
	TOTAL 1ST QUARTER													
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
	TOTAL 2ND QUARTER													
	TOTAL TO DATE													

SAMPLE

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<p>Prescribed by State Board of Accounts</p> <p>..... Fund</p> <p>No.</p> <p>Appr. No. \$</p> <p>..... \$</p> <p>..... \$</p> <p>..... \$</p> <p>..... \$</p> <p>Pay to the Order of \$</p> <p>..... Dollars</p> <p>100</p> <p>In Payment of Claim No.</p> <p>..... Treasurer</p>	<p>Form No. 509 (1967)</p>
<p>Prescribed by State Board of Accounts</p> <p>..... Fund</p> <p>No.</p> <p>Appr. No. \$</p> <p>..... \$</p> <p>..... \$</p> <p>..... \$</p> <p>..... \$</p> <p>Pay to the Order of \$</p> <p>..... Dollars</p> <p>100</p> <p>In Payment of Claim No.</p> <p>..... Treasurer</p>	<p>Form No. 509 (1967)</p>
<p>Prescribed by State Board of Accounts</p> <p>..... Fund</p> <p>No.</p> <p>Appr. No. \$</p> <p>..... \$</p> <p>..... \$</p> <p>..... \$</p> <p>..... \$</p> <p>Pay to the Order of \$</p> <p>..... Dollars</p> <p>100</p> <p>In Payment of Claim No.</p> <p>..... Treasurer</p>	<p>Form No. 509 (1967)</p>
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SAMPLE

Prescribed by State Board of Accounts Fund PR Claim No.	PAYROLL CHECK No. P Pay to the Order of \$ 100 Dollars	Form No. 516 (1967)																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Hours Worked</th> <th style="width: 10%;">Gross Pay</th> <th style="width: 10%;">Federal With. Tax</th> <th style="width: 10%;">Social Security</th> <th style="width: 10%;">State With. Tax</th> <th style="width: 10%;">Retirement</th> <th style="width: 10%;">Insurance</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;"> </td> </tr> </tbody> </table>	Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retirement	Insurance											 Treasurer
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Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retirement	Insurance														

Prescribed by State Board of Accounts School City and Town Form No. 517 (Rev. 1997)

RECEIPT
OFFICE OF TREASURER OF SCHOOL BOARD

NO. _____

(SCHOOL CORPORATION)

_____ IN _____ 20 _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

ON ACCOUNT OF _____ 100

TREASURER OF SCHOOL BOARD

Prescribed by State Board of Accounts School City and Town Form No. 517 (Rev. 1997)

RECEIPT
OFFICE OF TREASURER OF SCHOOL BOARD

NO. _____

(SCHOOL CORPORATION)

_____ IN _____ 20 _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

ON ACCOUNT OF _____ 100

TREASURER OF SCHOOL BOARD

Prescribed by State Board of Accounts School City and Town Form No. 517 (Rev. 1997)

RECEIPT
OFFICE OF TREASURER OF SCHOOL BOARD

NO. _____

(SCHOOL CORPORATION)

_____ IN _____ 20 _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

ON ACCOUNT OF _____ 100

TREASURER OF SCHOOL BOARD

CAPITAL ASSETS LEDGER

FUND _____

DEPARTMENT OR BUILDING _____

Date of Purchase	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Fixed Asset	Amount Received on Disposal or Trade in	Types of Capital Assets					Total Fixed Assets	
								Land	Infrastructure	Buildings	Improvements Other Than Buildings	Machinery and Equipment		Construction in Progress
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
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26														
27														
28														
29														
30														

SAMPLE

(Form SA-4) Prescribed by State Board of Accounts

No _____

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
 DATE _____
 ACTIVITY _____

TICKETS							
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES
	SERIAL NO.	AMT.	SERIAL NO.	AMT.			
TOTAL							

Made by _____
 (Title)

Verified and Approved by _____
 (Official or Sponsor)

ORIGINAL

(Form SA-4) Prescribed by State Board of Accounts

No _____

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
 DATE _____
 ACTIVITY _____

TICKETS							
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES
	SERIAL NO.	AMT.	SERIAL NO.	AMT.			
TOTAL							

Made by _____
 (Title)

Verified and Approved by _____
 (Official or Sponsor)

DUPLICATE

SCHOOL FOOD SERVICE
DAILY RECORD OF CASH RECEIVED

School _____

LINE No	DATE	TOTAL CASH RECEIPTS	CASH RECEIVED FOR										PREPAID FOOD	PREPAID FOOD APPLIED	PREPAID FOOD TRUST	STATE MATCH FUNDS	FEDERAL		LINE No		
			LUNCH		OTHER RECEIPTS		BREAKFAST		KIND. SPECIAL MILK	STUDENT ALA CARTE	ADULT ALA CARTE	REIMBURSEMENTS									
			STUDENT	ADULT			STUDENT	ADULT				PROGRAM					AMOUNT				
1																					1
2																					2
3																					3
4																					4
5																					5
6																					6
7																					7
8																					8
9																					9
10																					10
11																					11
12																					12
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26																					26
27																					27
28																					28
29																					29
30																					30
31																					31
32																					32
TOTALS																					

SAMPLE

SF-2A

SCHOOL FOOD SERVICE
DAILY RECORD OF MEALS/MILK SERVED

School _____

LINE No	Date	NSLP						AFTER SCHOOL SUP.						SBP						Kindergarten Special Milk			LINE No			
		Number of Meals Served to Students				Paid Adult Meals	SF-1 Other Meals	Total NSLP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SUP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SBP Meals		Paid	Free	Total
		Paid	Free	Redu.	Total				Paid	Free	Redu.	Total				Paid	Free	Redu.	Total							
1																								1		
2																								2		
3																								3		
4																								4		
5																								5		
6																								6		
7																								7		
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28																								28		
29																								29		
30																								30		
TOTALS																								31		

Date _____ Signature _____

EXHIBIT V

SCHOOL FOOD SERVICE
CASH DISBURSEMENTS

School _____

LINE No	Date	Check Number	Vendor/ Description	DISBURSEMENTS FOR							Description of Misc/Other Expense	TOTAL DISBURSED	PREPAID FOOD TRUST	AVAILABLE CASH BALANCE	BALANCE	LINE No
				Food	Labor - Service Area Direction	Labor - Food Prep. & Dispensing	Equip Purchase	Equip Repairs	Misc/ Other							
1																1
2																2
3																3
4																4
5																5
6																6
7																7
8																8
9																9
10																10
11																11
12																12
13																13
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28																28
29																29
30																30
31																31
32																32
TOTALS																

SAMPLE

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