

APPENDIX

PRESCRIBED FORMS

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Prescribed by State Board of Accounts

SHEET NO. _____

MONTH OF _____, _____

LIBRARY

	DATE	WARRANT NUMBER	NAME	NATURE OF RECEIPT OR DISBURSEMENT	TOTAL ALL					
					RECEIVED			DISBURSED		
					A-1			A-2		
1			Total Appropriation for Year		x	x	x	x	x	x
2			Totals Carried Forward From Line 34 of Preceding Page							
3										

FINANCIAL AND APPROPRIATION RECORD

FUNDS	LIBRARY OPERATING FUND			LIBRARY OPERATING FUND APPROPRIATIONS				(Binding Margin)
	BALANCE	RECEIVED	DISBURSED	BALANCE	PERSONAL SERVICES			
					SALARY OF LIBRARIAN	SALARY OF ASSISTANTS	SALARY OF TREASURER	
A-3	B-1	B-2	B-3					
x	x	x	x	x	x	x	x	

(Columnar Headings for Reverse Side of Library Form No. 1)

A-1

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Sample

(Binding Margin)	LIBRARY OPERATING FUND APPROPRIATIONS								1	
	PERSONAL SERVICES		SUPPLIES							2
	EMPLOYEE BENEFITS	OTHER PERSONAL SERVICES	OFFICE SUPPLIES	OPERATING SUPPLIES	REPAIR AND MAINTENANCE SUPPLIES	OTHER SUPPLIES	PROFES-SIONAL SERVICES	COMMUNI-CATION AND TRANSPOR-TATION		

(Obverse Side)

Sample

1	LIBRARY OPERATING FUND APPROPRIATIONS							(Binding Margin)
	OTHER SERVICES AND CHARGES							
	PRINTING AND ADVERTISING	INSURANCE	UTILITY SERVICES	REPAIR AND MAINTENANCE	RENTALS	DUES, INTEREST AND TAXES		
2								
3								

(Reverse Side)

(Columnar Headings for Insert Sheet - Library Form No. 1A)

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Sample

(Binding Margin)	TRANSFER TO LIRF	CAPITAL OUTLAYS					OTHER								
		LAND, BUILDINGS AND IMPROVEMENTS	FURNITURE AND EQUIPMENT	BOOKS	PERIODICALS AND NEWSPAPERS	NONPRINT MATERIALS	LOANS	PURCHASE OF INVESTMENTS							
								x	x	x				1	
															2
															3

(Obverse Side)

Sample

	LIBRARY IMPROVEMENT RESERVE FUND				LIBRARY IMPROVEMENT FUND INVESTMENTS			(Binding Margin)					
	RECEIVED C-1	DISBURSED C-2	BALANCE C-3	APPROPRIATIONS CAPITAL EXPENDITURES	PURCHASED	SALES/MATURITIES	BALANCE						
1	x	x	x		x	x	x	x	x	x			
2													
3													

(Reverse Side)

(Columnar Headings for Insert Sheet - Library Form No. 1B)

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Sample

(Binding Margin)	BOND AND INTEREST REDEMPTION FUND				FUND			
	RECEIVED	DISBURSED	BALANCE	APPROP. DEBT SERVICE	RECEIVED	DISBURSED	BALANCE	RECEIVED
	D-1	D-2	D-3		E-1	E-2	E-3	F-1
	x x x	x x x	x x x		x x x	x x x	x x x	x x x

Sample

Library Form No. 1 (1982)

FUND		PAYROLL DEDUCTIONS							
		RECEIPTS (DISBURSEMENTS)							
DISBURSED	BALANCE	FEDERAL WITHHOLDING TAX	OASI WITHHELD	STATE WITHHOLDING TAX	COUNTY WITHHOLDING TAX	PERF WITHHELD	GROUP INSURANCE WITHHELD		
F-2	F-3	G-1	G-2	G-3	G-4	G-5	G-6	G-7	G-8
x x x	x x x	x x x	x x x	x x x	x x x	x x x	x x x	x x x	x x x

(Column Headings for Obverse Side of Library Form No. 1)

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Sample

(Binding Margin)	FUND									FUND									1 2 3
	RECEIVED			DISBURSED			BALANCE			RECEIVED			DISBURSED			BALANCE			
	H-1			H-2			H-3			I-1			I-2			I-3			
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

(Obverse Side)

Sample

	FUND									FUND									(Binding Margin)
	RECEIVED			DISBURSED			BALANCE			RECEIVED			DISBURSED			BALANCE			
	J-1			J-2			J-3			K-1			K-2			K-3			
1	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
2																			
3																			

(Reverse Side)

(Columnar Headings for Insert Sheet - Library Form No. 1C)

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Prescribed by State Board of Accounts

Library Form No. 2 (Rev. 1981)

PUBLIC LIBRARY FUND

APPR. NO. _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

_____ PUBLIC LIBRARY

_____, IN, _____,
PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS
100

_____ BANK
_____, INDIANA

FOR _____

Sample

NON-NEGOTIABLE

_____ TREASURER

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PUBLIC LIBRARY
DAILY RECORD OF DESK COLLECTIONS

MONTH OF _____, _____

DATE	BALANCE BEGINNING OF DAY		RECEIPTS					BALANCE END OF DAY	
			FINES-FEES	RENTALS	OTHER	DEPOSITS			
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									
26									
27									
28									
29									
30									
31									
TOTALS - MONTHLY									

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ACCOUNTS PAYABLE VOUCHER

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

Invoice Date	Invoice Number	DESCRIPTION (or attach invoice(s))	Amount

Sample

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

_____, 20__

Librarian

BOND REGISTER

Purpose of Issue: _____

Series No.	Bond No.	Amount of Bond	DATE DUE			DATE PAID			Amount Paid		Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	
			Mo.	D	Yr.	Mo.	D	Yr.			Due	Due	Due	Due	Due	Due	Due	Due	Due	Due
											____	____	____	____	____	____	____	____	____	____
1										Am't Comp.										
										Date Paid										
2										Am't Comp.										
										Date Paid										
3										Am't Comp.										
										Date Paid										
4										Am't Comp.										
										Date Paid										
5										Am't Comp.										
										Date Paid										
6										Am't Comp.										
										Date Paid										
7										Am't Comp.										
										Date Paid										
8										Am't Comp.										
										Date Paid										
9										Am't Comp.										
										Date Paid										
10										Am't Comp.										
										Date Paid										
11										Am't Comp.										
										Date Paid										
12										Am't Comp.										
										Date Paid										
13										Am't Comp.										
										Date Paid										
14										Am't Comp.										
										Date Paid										
15										Am't Comp.										
										Date Paid										
16										Am't Comp.										
										Date Paid										
17										Am't Comp.										
										Date Paid										
18										Am't Comp.										
										Date Paid										
19										Am't Comp.										
										Date Paid										
20										Am't Comp.										
										Date Paid										
21										Am't Comp.										
										Date Paid										
22										Am't Comp.										
										Date Paid										
23										Am't Comp.										
										Date Paid										

Sample

COUNTY, INDIANA

General Form No. 53 (1955) Form Prescribed by State Board of Accounts

	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	Coupon No. ____ Due	In case any bond has more than 20 coupons attached, this space may be cut off, thus forming a short leaf, and coupons spread on next sheet, beginning with Coupon No. 21 and continuing on, until all coupons are recorded. MEMORANDUM	
1											Date of Issue	1
2											Amount of Issue, \$	2
3											Rate of Interest payable annually	3
4											Bonds and coupons payable at	4
5												5
6											Record page	6
7											Record page	7
8											Premium received, \$	8
9											Accrued Interest received, \$	9
10											Name of Purchaser	10
11												11
12												12
13											Facsimile signatures attached to bonds:	13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21											Attest:	21
22											Official Title	22
23											Official Title	23

Sample

CONTRACTOR'S COMBINATION BID BOND & BOND FOR CONSTRUCTION

KNOW ALL MEN BY THESE PRESENTS, That _____
of _____ at principal and _____

as surety, are firmly bound unto _____
_____ in the penal sum of (\$ _____)
_____ Dollars,

for the payment of which, well and truly to be made, we bid ourselves, jointly and severally, and our
joint and several heirs, executors, administrators and assigns, firmly by these presents, this _____
day of _____, _____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, That, Whereas _____

_____ is about to enter into a certain written contract with the principal as names herein for the erection, con-
struction and completion of _____ situated in _____, Indiana,
in accordance with the plans and specifications approved and adopted by said _____
_____ which are made a part of this bond.

AND, WHEREAS, the above named and bounden _____
_____ has filed a bid for said work with
said _____

NOW, THEREFORE, if the said _____
shall award said _____
the contract for said work and said _____
shall promptly enter into a contract with said _____
for the said work and shall well and faithfully do and perform the same in all respects according to
the plans and specifications adopted by the said _____

_____ and according to the time, terms
and conditions specified in said contract to be entered into, and in accordance with all requirements of
law, and shall promptly pay all debts incurred by him or any subcontractor in the prosecution of said
work, including labor, service, and materials furnished, then this obligation shall be void; otherwise
to remain in full force, virtue and effect.

IN WITNESS WHEREOF, we hereunto set our hands and seals this _____
day of _____, _____.

Sample

By: _____
Attorney-in-fact

Approved this _____ day of _____, _____

Official or Board.

Attest: _____

(Note: See Burns Section 53-202)

No.....

**Contractor's Combination Bid Bond and
Bond For Construction
of**

Filed

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS: that (Here insert name and address or legal title of Contractor)

as Principal, hereinafter called Contractor, and, (Here insert the legal title and address of Surety)

as Surety, hereinafter called Surety, are held and firmly bound unto (Name and address or legal title of Owner)

as Obligee, hereinafter called Owner, in the amount of

Sample

Dollars (\$)),

for the payment whereof Contractor and Surety bid themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS,

Contractor has by written agreement dated _____, entered into a contract with Owner for

in accordance with drawings and specifications prepared by (Here insert full name, title and address)

which contract is by reference made a part thereof, and is hereinafter referred to as the Contract.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that, if Contractor shall promptly and faithfully perform said Contract, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

The Surety hereby waives notice of any alteration or extension of time made by the Owner.

Whenever Contractor shall be, and declared by Owner to be in default under the Contract, the Owner having performed Owner's obligations thereunder, the Surety may promptly remedy the default, or shall promptly

1) Complete the Contract in accordance with its terms and conditions, or

2) Obtain a bid or bids for submission to Owner for completing the Contract in accordance with its terms and conditions, and upon determination by Owner and Surety of the lowest responsible bidder, arrange for a contract between such bidder and Owner, and make available as work progresses (even though there should be a default or a succession of defaults under the contract or contracts of completion arranged under this

paragraph) sufficient funds to pay the cost of completion less the balance of the contract price; but not exceeding, including other costs and damages for which the Surety may be liable hereunder, the amount set forth in the first paragraph hereof. The term "balance of the contract price," as used in this paragraph, shall mean the total amount payable by Owner to Contractor under the Contract and any amendments thereto, less the amount properly paid by Owner or Contractor.

Any suit under this bond must be instituted before the expiration of two (2) years from the date on which final payment under the contract falls due.

No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or the heirs, executors, administrators or successors of Owner.

Sample

Signed and sealed this _____ day of _____ A.D.

IN THE PRESENCE OF:

(Principal)

(Title)

(Surety)

(Title)



CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)

Prescribed by State Board of Accounts

PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): _____

1. Governmental Unit (Owner): _____

2. County : _____

3. Bidder (Firm): _____

Address: _____

City/State/ZIPcode: _____

4. Telephone Number: _____

5. Agent of Bidder (if applicable): _____

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete

the public works project of _____

(Governmental Unit) in accordance with plans and specifications prepared by _____

_____ and dated _____ for the sum of

_____ \$ _____

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS

(If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

ACCEPTANCE

The above bid is accepted this _____ day of _____, _____, subject to the following conditions: _____

Contracting Authority Members:

PART II

(For projects of \$150,000 or more – IC 36-1-12-4)

Governmental Unit: _____

Bidder (Firm) _____

Date (month, day, year): _____

These statements to be submitted under oath by each bidder with and as a part of his bid. Attach additional pages for each section as needed.

SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner

2. What public works projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner

3. Have you ever failed to complete any work awarded to you? _____ If so, where and why?

4. List references from private firms for which you have performed work.

SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. *(Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)*

2. Please list the names and addresses of all subcontractors *(i.e. persons or firms outside your own firm who have performed part of the work)* that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

- 3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

- 4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

- 5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

SECTION IV CONTRACTOR'S NON - COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

SECTION V OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated at _____ this _____ day of _____, _____

(Name of Organization)

By _____

(Title of Person Signing)

ACKNOWLEDGEMENT

STATE OF _____)
) ss
COUNTY OF _____)

Before me, a Notary Public, personally appeared the above-named _____ and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

County of Residence: _____

Part of State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)

BID OF

(Contractor)

(Address)

FOR

PUBLIC WORKS PROJECTS

OF

Filed

Action taken

PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 98 (REV. 1998)

PURCHASE ORDER

NOTE: NO CLAIMS WILL BE APPROVED FOR PAYMENT UNLESS ORIGINAL COPY OF THIS ORDER OR THE P.O. NUMBER IS MADE A PART OF THE VOUCHER.

P.O. _____
This Number Must be on Invoice, Voucher and Delivery Memos.

DATE _____

REQ. _____

IN ACCORDANCE WITH BID AND CONTRACT DATED _____

If subject to discount please indicate on Invoice.

TO _____

ADDRESS _____

CITY _____

SHIP TO _____ DEPT. _____

SHIP VIA _____

CHARGE TO

APPROPRIATION FOR _____ APPROPRIATION NUMBER _____

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

Sample

TOTAL AMOUNT OF ORDER ---- \$ _____

I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE IN THIS APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE ORDER.

BILLING ON THIS ORDER MUST BE ACCORDING TO PRICES SHOWN ABOVE.

ORDERED BY _____

Title

FEDERAL EXCISE TAX EXEMPT

STATE RETAIL TAX EXEMPT
CERTIFICATE NO. _____

ORIGINAL - VENDOR'S COPY

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PAYROLL SCHEDULE AND VOUCHER

NOTE: Total hours or days to be paid shall equal the days or hours worked plus authorized leave to which an employee might be entitled by law and under the leave policies established by the governing body. The "Days Lost" column will apply only to salaried employees (not hourly) not entitled to pay for such days.

(Office, Board, Department or Institution)

Page _____ of _____ Pages
Fund _____

For Period Beginning _____, _____ and Ending _____, _____

	NAME OF EMPLOYEE	Approp No. or Class Title	Code	Noncash Benefits	DAYS OR HOURS IN PERIOD						Total Days or Hours To Be Paid	Rate of Pay	Gross Pay	Total	DEDUCTIONS							Amount of Warrant (Gross Pay) Less Deductions	Warrant Number				
					Worked	Sick Leave	Vacation Leave	Lost Days	Other Leave						Fed. W/H Tax	Social Security Tax	Medicare Tax	State W/H Tax	County W/H Tax	Insurance				Retirement			
									Code	Days Hours										Code	Amount			Code	Amount		
1.																											
2.																											
3.																											
4.																											
5.																											
6.																											
7.																											
8.																											
9.																											
10.																											
11.																											
12.																											
13.																											
14.																											
15.																											
16.																											
		Totals																									

sample

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT

REGULAR TIME AND OVERTIME

A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

(Unit) _____

EMPLOYEE'S SERVICE RECORD

YEAR _____

REMARKS Workweek Begins: Hour of Day _____ ; Day of Week _____																NAME AS ON SOCIAL SECURITY CARD (Mr., Mrs., Miss)										EMPLOYEE NUMBER											
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)																ADDRESS										ZIP CODE											
Date of Birth:																SOC. SEC. NO.										CLASSIFICATION											
Normal Work Schedule *																OFFICE, BOARD OR DEPT.										BEGIN. DATE EMPL.						LEAVE ACCRUAL DATE					
																REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE															
																EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION														
BALANCE BROUGHT FORWARD FROM LAST YEAR -----																																					
JAN.																																					
FEB.																																					
MAR.																																					
APR.																																					
MAY																																					
JUNE																																					
JULY																																					
AUG.																																					
SEPT.																																					
OCT.																																					
NOV.																																					
DEC.																																					

Sample

V - VACATION LEAVE S - SICK LEAVE L - LOST TIME OL - OTHER AUTHORIZED LEAVE SHOW VACATION, SICK LEAVE AND OTHER ABSENCES IN DAYS AND HALF DAYS.

* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

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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. 1993)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	Code	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS							AMOUNT OF WARRANT	WARRANT NUMBER	
							FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	COUNTY 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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UNIT _____

EMPLOYEE'S WEEKLY (WORK PERIOD) EARNINGS RECORD FEDERAL WAGE AND HOUR REQUIREMENTS

YEAR _____

NAME (Mr./Mrs./Ms.) _____ SOC. SEC. NO. _____ WORK WEEK BEGINS:
Day of Week _____
Time of Day _____

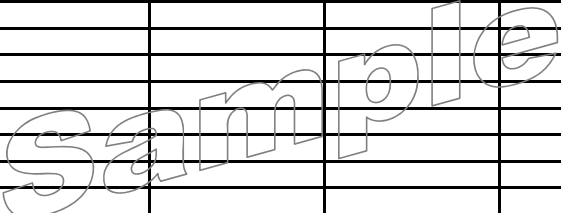
ADDRESS _____ EMPLOYEE NUMBER _____ ESTABLISHED WORK PERIOD _____
(Police and Fire ONLY)

CLASSIFICATION _____

Zip Code _____

SOC. SEC. NO. _____ OFFICE, BOARD OR DEPARTMENT _____ BASIS OF PAY: _____

Week (Period) Ending	Hourly Rate of Pay	Total Hours Worked for Week (Period)	Straight Time Earnings for Week (Period)	Overtime Excess Compensation for Week (Period)	Other Compensation



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ATTACH COPY OF ADVERTISEMENT HERE

.....
 (Governmental Unit)
County, Indiana

To.....

PUBLISHER'S CLAIM

LINE COUNT

Display Master (Must not exceed two actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) -- number of equivalent lines

Head -- number of lines -----

Body -- number of lines -----

Tail -- number of lines -----

Total number of lines in notice -----

COMPUTATION OF CHARGES

..... lines, columns wide equals equivalent lines at
 cents per line ----- \$

Additional charges for notices containing rule or tabular work (50 per cent of above amount) -----

Charge for extra proofs of publication (\$1.00 for each proof in excess of two) -----

TOTAL AMOUNT OF CLAIM ----- \$

DATA FOR COMPUTING COST

Width of single column in picas..... Size of type.....point.
 Number of insertions.....

Pursuant to the provisions and penalties of IC 5-11-10-1, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I also certify that the printed matter attached hereto is a true copy, of the same column width and type size, which was duly published in said paper times. The dates of publication being as follows:

.....

Additionally, the statement checked below is true and correct:

- Newspaper does not have a Web site.
- Newspaper has a Web site and this public notice was posted on the same day as it was published in the newspaper.
- Newspaper has a Web site, but due to technical problem or error, public notice was posted on
- Newspaper has a Web site but refuses to post the public notice.

Date,

Title.....

See table of legal rates in the applicable State Board of Accounts Bulletin

Claim No. _____ Warrant No. _____

IN FAVOR OF

\$ _____

ON ACCOUNT OF APPROPRIATION FOR

Appropriation No. _____

ALLOWED _____, _____

IN THE SUM OF \$ _____

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

I certify that the within claim is true and correct; that the services there in itemized and for which charge is made were ordered by me and were necessary to the public business

MILEAGE CLAIM

(Governmental Unit)

TO _____ DR.

(Office, Board, Department or Institution)

On Account of Appropriation No. _____ for _____

DATE	FROM		TO		ODOMETER READING+		NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE @ _____¢ PER MILE
	Point		Point		Start	Finish			
Auto License No. _____		TOTALS							

+ODOMETER READING columns are to be used only when distance between points cannot be determined by fixed mileage or official highway map.

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid.

Date _____

Title

Claim No. _____ Warrant No. _____

IN FAVOR OF

\$ _____

On Account of Appropriation No. _____ for

Allowed _____,

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

Sample

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

_____, _____

REGISTER OF INVESTMENTS

Name of Unit _____

_____ Fund

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

Date of Purchase	Nature of Investment	Serial No.	SAFEKEEPING RECEIPT		Maturity Date	Rate of Interest	Maturity Value	AMOUNT PAID			Date Sold or Redeemed	AMOUNT RECEIVED			INTEREST						
			Issued By	No.				Principal	Accrued Interest	Total Paid		Principal	Interest	Total Received	EARNED		RECEIVED				
															Date	Amount	Date	Amount			

sample

Interest Earned for Each Investment on Hand at December 31, --Calculated By: Multiply: Rate of Interest X(Times) Principal X(Times) Number of Days from Date of Purchase to December 31 Divided By: 360 (Days) (Investments purchased and then either sold or redeemed in the same calendar year don't need a calculation because interest earned equals interest received.)

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REGISTER OF INSURANCE

UNIT AND DEPT. OR OFFICE _____

CLASSIFICATION _____

	INSURANCE COMPANY	POLICY NO.	RENEWAL OR REPLACEMENT OF POLICY NO.	AMOUNT OF POLICY	TYPE OF COVERAGE	PROPERTY COVERED	EFFECTIVE DATE	TERM	EXPIRATION DATE	FUND(S) FROM WHICH PAID	PREMIUMS					
												1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR
											Amount					
											Date Paid					
											Amount					
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											Date Paid					

Sample

REMARKS _____

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RECEIPT 1

Name of UNIT, AGENCY, BOARD OR DEPARTMENT _____

_____, FUND _____

_____, IN _____, _____

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

AUTHORIZED SIGNATURE

RECEIPT 2

Name of UNIT, AGENCY, BOARD OR DEPARTMENT _____

_____, FUND _____

_____, IN _____, _____

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

AUTHORIZED SIGNATURE

RECEIPT 3

Name of UNIT, AGENCY, BOARD OR DEPARTMENT _____

_____, FUND _____

_____, IN _____, _____

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

AUTHORIZED SIGNATURE

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ACCOUNTS PAYABLE VOUCHER REGISTER

_____ Governmental Unit

_____ Agency

<p>NOTES: (1) Use both sides of form if needed. Signatures of governing board should appear only on the final page of each meeting in which accounts payable vouchers are allowed. (2) The Memorandum column is for entering action on accounts payable vouchers if disallowed in whole or in part, if continued to a later meeting of governing board, or for other pertinent information.</p>

For Period _____, ____ to _____, _____

Page _____ of _____ Pages

Prescribed by State Board of Accounts

General Form No. 364 (1997)

DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	OFFICE, DEPARTMENT OR FUND	AMOUNT OF VOUCHER	AMOUNT ALLOWED	CHECK/WARRANT NUMBER	MEMORANDUM (See Note (2) Above)

Sample

DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	OFFICE, DEPARTMENT OR FUND	AMOUNT OF VOUCHER	AMOUNT ALLOWED	CHECK/WARRANT NUMBER	MEMORANDUM (See Note (2) Above)

Sample

I hereby certify that each of the above listed vouchers and the invoices, or bills attached thereto, are true and correct and I have audited same in accordance with IC 5-11-10-1.6.

_____ , _____ Fiscal Officer

ALLOWANCE OF VOUCHERS

(IC 5-11-10-2 permits the governing body to sign the Accounts Payable Voucher Register in lieu of signing each claim the governing body is allowing.)

We have examined the vouchers listed on the forgoing accounts payable voucher register, consisting of ____ pages, and except for vouchers not allowed as shown on the Register such vouchers are allowed in the total amount of \$_____.

Dated this _____ day of _____, ____.

SIGNATURES OF GOVERNING 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 Asset	Amount Received on Disposal or Trade in	Types of Capital Assets					Total Capital Assets
								Land	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	
1													
2													
3													
4													
5													
6													
7													
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29													
30													

Sample

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Governmental Unit _____

RECEIPT REGISTER

Receipt Date	Receipt Number	Receipt Amount	Received From	Fund	Description	Payment Type and Amount					
						Cash Amount	Check/Draft Amount	MO Amount	Credit Card/Bank Card Amount	EFT Amount	Other
TOTAL											

Sample

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UNIFORM CONFLICT OF INTEREST DISCLOSURE STATEMENT

A-57

State Form 54266 (R / 6-12) / Form 236
STATE BOARD OF ACCOUNTS

Indiana Code 35-44.1-1-4

A public servant who knowingly or intentionally has a pecuniary interest in or derives a profit from a contract or purchase connected with an action by the governmental entity served by the public servant commits conflict of interest, a Class D Felony. A public servant has a pecuniary interest in a contract or purchase if the contract or purchase will result or is intended to result in an ascertainable increase in the income or net worth of the public servant or a dependent of the public servant. "Dependent" means any of the following: the spouse of a public servant; a child, stepchild, or adoptee (as defined in IC 31-9-2-2) of a public servant who is unemancipated and less than eighteen (18) years of age; and any individual more than one-half (1/2) of whose support is provided during a year by the public servant.

The foregoing consists only of excerpts from IC 35-44.1-1-4. Care should be taken to review IC 35-44.1-1-4 in its entirety.

1. **Name and Address of Public Servant Submitting Statement:** _____

2. **Title or Position With Governmental Entity:** _____

3. a. **Governmental Entity:** _____

b. **County:** _____

4. **This statement is submitted (*check one*):**

a. as a "single transaction" disclosure statement, as to my financial interest in a specific contract or purchase connected with the governmental entity which I serve, proposed to be made by the governmental entity with or from a particular contractor or vendor; or

b. as an "annual" disclosure statement, as to my financial interest connected with any contracts or purchases of the governmental entity which I serve, which are made on an ongoing basis with or from particular contractors or vendors.

5. **Name(s) of Contractor(s) or Vendor(s):** _____

6. **Description(s) of Contract(s) or Purchase(s)** (*Describe the kind of contract involved, and the effective date and term of the contract or purchase if reasonably determinable. Dates required if 4(a) is selected above. If "dependent" is involved, provide dependent's name and relationship.*):

- 7. **Description of My Financial Interest** *(Describe in what manner the public servant or "dependent" expects to derive a profit or financial benefit from, or otherwise has a pecuniary interest in, the above contract(s) or purchase(s); if reasonably determinable, state the approximate dollar value of such profit or benefit.):*

(Attach extra pages if additional space is needed.)

- 8. **Approval of Appointing Officer or Body** *(To be completed if the public servant was appointed by an elected public servant or the board of trustees of a state-supported college or university.):*

I (We) being the _____ of
(Title of Officer or Name of Governing Body)

_____ and having the power to appoint
(Name of Governmental Entity)

the above named public servant to the public position to which he or she holds, hereby approve the participation to the appointed disclosing public servant in the above described contract(s) or purchase(s) in which said public servant has a conflict of interest as defined in Indiana Code 35-44.1-1-4; however, this approval does not waive any objection to any conflict prohibited by statute, rule, or regulation and is not to be construed as a consent to any illegal act.

_____	_____
_____	_____
_____	_____
Elected Official	Office

- 9. **Effective Dates** *(Conflict of interest statements must be submitted to the governmental entity prior to final action on the contract or purchase.):*

_____	_____
Date Submitted <i>(month, day, year)</i>	Date of Action on Contract or Purchase <i>(month, day, year)</i>

- 10. **Affirmation of Public Servant:** This disclosure was submitted to the governmental entity and accepted by the governmental entity in a public meeting of the governmental entity prior to final action on the contract or purchase. I affirm, under penalty of perjury, the truth and completeness of the statements made above, and that I am the above named public servant.

Signed: _____
(Signature of Public Servant)

Date: _____
(month, day, year)

Within fifteen (15) days after final action on the contract or purchase, copies of this statement must be filed with the State Board of Accounts, Indiana Government Center South, 302 West Washington Street, Room E418, Indianapolis, Indiana, 46204 and the Clerk of the Circuit Court of the county where the governmental entity took final action on the contract or purchase.

LETTERHEAD OF GOVERNMENTAL UNIT

State Board of Accounts
302 West Washington Street
4th Floor, Room E418
Indianapolis, Indiana 46204-2765

Re: Form Approvals

The **(NAME OF GOVERNING BODY)** passed the attached resolution concerning usage of forms for the **(NAME OF GOVERNMENTAL UNIT)**.

The **(NAME OF GOVERNING BODY)** is ultimately responsible for all forms and systems to be used. Accordingly, we are requesting to be authorized to use the forms and systems provided (1) for **(NAME OF LIBRARY WHICH FIRST RECEIVED AN APPROVAL)** as these forms were approved by our Office in writing as of **(DATE OF ORIGINAL APPROVAL)**. We will abide by the form approval requirements as stated in the "Accounting and Compliance Guidelines for Libraries" and during audits by the State Board of Accounts.

The **(NAME OF GOVERNING BODY)** will notify you in writing if desiring to discontinue use of the system approved. Any forms that are not in an all inclusive approved package would still need to be approved by your Office. Furthermore, if we desire to use any forms which have changed since the date of original approval above, and those forms have not received a written approval from your Office, we will immediately submit those forms for approval.

We also understand the process of a letter and resolution are not an attempt to provide preferential treatment to any vendor but instead are an effort to expedite the form approval process required by statute and regulation. Finally, we are aware that any system or hardware changes initiated by a vendor and the resultant costs, are vendor, market or consumer demand driven.

(PRESIDENT OR CHAIRMAN OF THE GOVERNING BODY)

(DATE)

(CHIEF EXECUTIVE OFFICER)

(DATE)

- (1) The first Library approved would have a period after the word "provided" and the rest of the sentence would be deleted. All other Libraries requesting use of that system should show the information stated after the word "provided."

Sample

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RESOLUTION
00-01

WHEREAS, the _____ Library finds that it is beneficial to utilize the financial software from a single vendor and,

WHEREAS, Name of Software Vendor has provided financial software systems and updates to Indiana libraries which contain procedures and produce forms that are required and approved by Indiana State Board of Accounts and State Board of Tax Commissioners.

NOW THEREFORE BE IT RESOLVED that the Library adopts Name of Software Vendor financial software systems and requests that the Indiana State Board of Accounts approve all forms which have been previously submitted by _____ Library and any updates and revisions provided in the future for use by the _____ Library.

APPROVED by the Library Board of Trustees of _____ Library, _____ County, Indiana.

THIS 2nd DAY OF MARCH 2000.

_____	, PRESIDENT
_____	, VICE PRESIDENT
_____	, MEMBER
_____	, MEMBER
_____	, MEMBER
_____	, MEMBER

ATTEST: _____
Secretary



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