

APPENDIX

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**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK: _____ DATE _____

No. _____ Date _____, _____

Purchased From _____

Address _____

Purchased For _____

Deliver To _____

Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

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.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order				

Signed: _____
Person Authorized to Purchase

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: _____, _____

Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(Receiving Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK: _____ DATE _____
 No. _____ Date _____, ____
 Purchased From _____
 Address _____
 Purchased For _____
 Deliver To _____
 Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

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.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order				

Signed: _____
 Person Authorized to Purchase

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.

Date: _____, ____

Signed: _____
 Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order

Date: _____, ____

 Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(File Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK: _____ DATE _____
 No. _____ Date _____, _____
 Purchased From _____
 Address _____
 Purchased For _____
 Deliver To _____
 Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

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.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order				

Signed: _____
 Person Authorized to Purchase

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 _____.

Date: _____, _____

Signed: _____
 Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order

Date: _____, _____

 Treasurer

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.

Date: _____, _____

 Treasurer

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____, Indiana _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

Pay to the order of _____ \$ _____

Payable at (Bank) _____ Dollars

 Superintendent or Principal Treasurer

SPACE FOR M.I.C.R.

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____, Indiana _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

Pay to the order of _____ \$ _____

Payable at (Bank) _____ Dollars

NON - NEGOTIABLE

SPACE FOR M.I.C.R.

DUPLICATE

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL No. _____
_____, IN _____, _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

ORIGINAL

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL No. _____
_____, IN _____, _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

DUPLICATE

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

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

FINANCIAL REPORT
SCHOOL EXTRA-CURRICULAR ACCOUNT

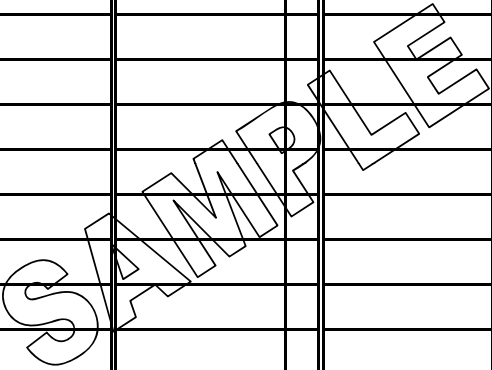
School _____

SCHEDULE OF BALANCES
RECEIPTS AND EXPENDITURES OF
SCHOOL EXTRA-CURRICULAR ACCOUNT

From _____, ____

To _____, ____

NAME OF FUND	BALANCE BEGINNING OF PERIOD 1	RECEIPTS DURING PERIOD 2	EXPENDITURES 3	BALANCE END OF PERIOD 4
	\$	\$	\$	\$
TOTAL ALL FUNDS	\$	\$	\$	\$



CASH RECONCILEMENT

LOCATION	
DEPOSITORY BALANCE _____	\$ _____
CASH ON HAND (ADD)	
TOTAL CASH ON HAND AND IN DEPOSITORY	\$ _____
TOTAL OF OUTSTANDING CHECKS (DEDUCT)	\$ _____
BALANCE _____	

OUTSTANDING CHECKS

DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT
		\$ _____	BROUGHT FORWARD		\$ _____
CARRIED FORWARD		\$ _____	TOTAL		\$ _____

SAMPLE

**DETAIL OF RECEIPTS AND EXPENDITURES
BY FUNDS**

_____ FUND
RECEIPTS

SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT
		\$
TOTAL RECEIPTS		\$

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT
	\$
TOTAL EXPENDITURES	\$

CLAIM FOR PAYMENT

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, _____

Purchased From _____
 Address _____
 Purchased For _____
 Delivered To _____
 Invoice Handed To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-7 Form is properly filed and the items have been received.

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.

Quantity	Description	Unit	Price	Total
				\$
Total This Order				\$

SAMPLE

Approved for Payment _____
Signature

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 _____

Date _____, _____ Signed: _____
Signature

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.

Date _____, _____ _____
Treasurer

Date: _____ **SUMMARY COLLECTION FORM** NUMBER _____

_____ School

Deposit To: _____ (Fund) Time Frame of Fundraiser: _____

Reason for Receipts: _____ (Fundraiser, Field Trip)

Sponsor: _____, Title: _____ (Please Print Name)

RECEIPT DETAIL:

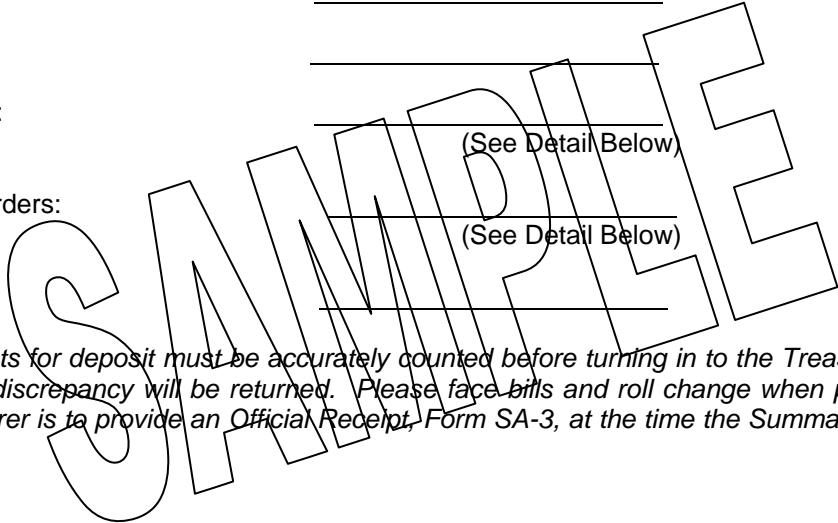
CASH: _____

Coin: _____

CHECKS: _____ (See Detail Below)

Money Orders: _____ (See Detail Below)

TOTAL: _____



NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The Extra-Curricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Summary Collection Form is turned in.

I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS AND REPORTED THE SAME HEREIN (Signature of Fund Representative, Name is Printed Above)

Detail Checks/Money Orders
(Attach Additional Information As Needed)

<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>
Subtotal	\$	Subtotal	\$	Subtotal	\$	Subtotal	\$

Amount From Additional Sheets \$ _____

Grand Total \$ _____

Date: _____

ACCOUNTABLE ITEMS REVIEW

Number: _____

_____ School

Time Frame of Report: _____

DESCRIPTION: _____

Beginning Inventory _____

Purchases _____

Subtotal _____

Complimentary Distributions
Per School Board Policy:

Athletic Teams _____

Staff Meetings _____

Awards _____

Other _____

Total _____

Total Eligible for Sale _____

Ending Inventory _____

Items Sold _____

Sale Price \$ _____

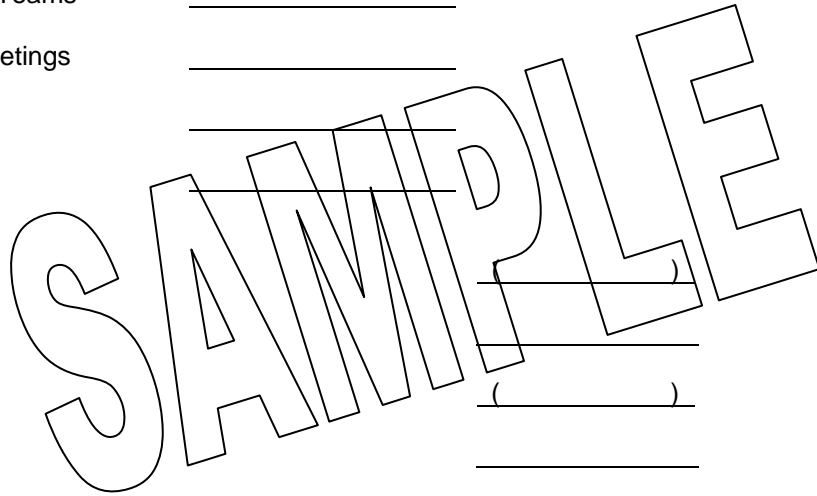
Projected Revenue (Items Sold @ Sale Price) \$ _____

Actual Amount Received \$ _____

Difference \$ _____

Signed: _____

Title: _____



MILEAGE CLAIM

_____ TO _____
 (GOVERNMENTAL UNIT)

_____ ON ACCOUNT OF APPROPRIATION NO. _____ FOR _____
 (OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

DATE 20	FROM	TO	SPEEDOMETER READING+		NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE	
	POINT	POINT	START	FINISH			@ _____¢	PER MILE
AUTO LICENSE NO. _____						TOTALS _____		

+SPEEDOMETER 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 _____

Claim No. _____

Warrant No. _____

IN FAVOR OF

\$ _____

On Account of Appropriation No. _____ for

Allowed _____, 20__

In the sum of \$ _____

SAMPLE

(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

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	

Interest Earned for Each Investment on Hand at December 31. - Calculated By: Multiply: Rate of Interest 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.)

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