

# RECEIPT

OFFICE OF TOWN CLERK-TREASURER

NO. \_\_\_\_\_

\_\_\_\_\_ FUND

Rockville, IN \_\_\_\_\_  
month          day          yr

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

ON ACCOUNT OF \_\_\_\_\_ 100

**SAMPLE**

\_\_\_\_\_  
TOWN CLERK-TREASURER

**(ORIGINAL)**

NO. \_\_\_\_\_

\_\_\_\_\_ FUND

DATE  
ISSUED

ISSUED  
TO

ON ACCOUNT OF \_\_\_\_\_

**SAMPLE**

AMT. OF RECEIPT	AMOUNT POSTED									

**(DUPLICATE)**

## ACCOUNTS PAYABLE VOUCHER

TOWN OF \_\_\_\_\_, 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

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 \_\_\_\_\_

\_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_ 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.

\_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_ Clerk-Treasurer

VOUCHER NO. \_\_\_\_\_ WARRANT NO. \_\_\_\_\_

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\$ \_\_\_\_\_

ON ACCOUNT OF APPROPRIATION  
FOR

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ALLOWED \_\_\_\_\_,

IN THE SUM OF \$ \_\_\_\_\_

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Council Members

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COST DISTRIBUTION LEDGER CLASSIFICATION  
IF CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

Acct. No.	Account Title	Amount	

**SAMPLE**

HRS W'K'D'	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	INSURANCE		NET PAY	PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

Prescribed by State Board of Accounts

Form No. 219 (Rev. 1993)

Appr. No. \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ FUND No. \_\_\_\_ / \_\_\_\_

## Clerk-Treasurer Town of Mount Ayr, Indiana

THIS WARRANT VOID TWO (2) YEARS AFTER  
 DEC. 31 OF THE YEAR OF ISSUE

Pay to the  
 Order of

\_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**SAMPLE**

COMMUNITY STATE BANK  
 BROOK, INDIANA

\_\_\_\_\_ Dollars  
 100

\_\_\_\_\_  
 CLERK-TREASURER

## 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)  
For Period Beginning \_\_\_\_\_, \_\_\_\_\_ and Ending \_\_\_\_\_, \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
Fund \_\_\_\_\_

NAME OF EMPLOYEE	Approp. No. or Class Title	Code	Noncash Benefits	DAYS OR HOURS IN PERIOD						Other Leave Code	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	Code	Days Hours						Fed. W/H Tax	Social Security Tax	Medicare Tax	State W/H Tax	County W/H Tax	Insurance				Retirement						
																				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**  
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.

**REGULAR TIME AND OVERTIME**  
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.

See following page for reverse side of this form.

STATE OF INDIANA, \_\_\_\_\_ COUNTY, SS.

I, \_\_\_\_\_  
Name

\_\_\_\_\_ of \_\_\_\_\_  
Title Agency

hereby certify that I have examined the time record of each employee listed on pages \_\_\_\_\_ to \_\_\_\_\_ of this payroll, that each employee has performed the services for which the salaries or compensation is paid: that to the best of my knowledge and belief no part of the salary or compensation of any employee listed hereon is being divided or paid to any other person on account of or by reason of his employment: that the compensation listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each

such employee: that the deductions have been authorized for the purpose stated: that this payroll totaling \$ \_\_\_\_\_ is \_\_\_\_\_ is correct and has by me been approved. Basic Pay

Date \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(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 { contract.  
statutory authority.

That it is apparently { correct.  
incorrect.

\_\_\_\_\_  
Disbursing Officer

Prescribed by State Board of Accounts Form No. 205A-PR (Rev. 1993)

71-1188

### PAYROLL WARRANT

740

P.R. CLAIM NO. \_\_\_\_\_

\_\_\_\_\_ FUND

BEECH GROVE, IND., \_\_\_\_\_, 20\_\_

NO. P \_\_\_\_\_

**SAMPLE**

# Clerk-Treasurer of City of Beech Grove, Indiana

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

FIRST OF AMERICA BANK  
INDIANAPOLIS, INDIANA

DOLLARS

100

HRS W'K'D	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	INSURANCE		
[REDACTED]								

THIS WARRANT VOID TWO (2) YEARS AFTER DEC. 31 OF THE YEAR OF ISSUE

\_\_\_\_\_

CLERK-TREASURER

HRS W'K'D'	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	INSURANCE		NET PAY	PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

Prescribed by State Board of Accounts

Form No. 219 (Rev. 1993)

Appr. No. \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ FUND No. \_\_\_\_ / \_\_\_\_

## Clerk-Treasurer Town of Mount Ayr, Indiana

THIS WARRANT VOID TWO (2) YEARS AFTER  
 DEC. 31 OF THE YEAR OF ISSUE

Pay to the  
 Order of \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Dollars  
 100

**SAMPLE**

COMMUNITY STATE BANK  
 BROOK, INDIANA

\_\_\_\_\_  
 CLERK-TREASURER



Prescribed by State Board of Accounts

City or Town Form No. 208 (Rev. 1967)

LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCES

General FUND

Receipts				Disbursements				Balance							
Date	Receipt Number and Source	Amount of Receipt				Date	Warrant Number	Amount of Warrant				Balance			
Jan.	1	Balance (Forwarded)										4 0 0 00			
	1	1 Auditor of State, Excise Tax				Jan.	8	1 0 0 00							
	5	2 Sale of Junk					8	2 5 0 00							
							8	1 0 0 00							
							15	5 0 0 00							
							15	7 5 0 00							
		(1) 2 2 5 00						(1) 2 6 0 00				3 9 6 5 00			
						Feb.	7	4 5 0 00							
							10	1 5 0 00							
							10	2 0 0 00							
							10	1 5 0 00							
								(1) 2 3 0 00							
								(2) 4 9 0 00				3 7 3 5 00			
						March	4	7 4 0 00							
								(1) 7 4 0 00							
								(2) 5 6 4 00				3 6 6 1 00			
April	1	3 Auditor of State, Excise Tax				April	10	1 0 0 00							
								(1) 1 0 0 00							
								(2) 6 6 4 00				1 6 6 1 00			
						May	6	1 0 0 00							
								(1) 1 0 0 00							
								(2) 7 6 4 00							
June	1	4 Fire Protection, Jay Twp.				June	15	5 0 0 00							
	30	5 County Auditor, Property Taxes					15	7 5 0 00							
								(1) 2 3 0 00							
								(2) 8 8 9 00				5 1 8 6 00			

SAMPLE

This form is an illustration of individual posting.

Notes: (1) Represents totals for the month - To be entered in pencil immediately below last entry.

(2) Represents totals for the year to date - To be entered in pencil immediately below totals for the month.

Posting of receipts and disbursements should be in ink.

Warrants may be posted individually or may be grouped and posted in total if written on the same date and are in numerical sequence.

This ledger sheet should be proved each month, as follows:

- (a) The total receipts posted to all funds should equal the total receipts issued - Town Form Number 217 or City Form Number 203A.
- (b) The total disbursements posted to all funds should equal the total of warrants issued - Town Form number 219 or City Form Numbers 205A and 205A-PR.
- (c) The balance beginning of the month, plus receipts for the month, less disbursements for the month, should equal the balance at close of month.  
These figures will be carried to the "Financial Statement" - City or Town Form Number 206.
- (d) The total disbursements for the month shown on this ledger sheet should equal the total disbursements for the month posted to the detail accounts - City or Town Form Number 209.
- (e) The balance at the close of each month, together with the balances of other funds, should be reconciled monthly with the depository balance.

See next page for group posting.

LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCES

General FUND

		Receipts				Disbursements				Balance									
Date	Receipt Number and Source	Amount of Receipt				Date	Warrant Number	Amount of Warrant											
Jan.	1	Balance (Forwarded)										4	0	0	00				
	1	1 Auditor of State, Excise Tax				Jan.	8	185-187			1	3	5	00					
	5	2 Sale of Junk					15	188-189			1	2	5	00					
			(1)	2	2	5	00			(1)	2	6	0	00					
						Feb.	7	195				4	5	00					
							10	218-220			1	8	5	00					
										(1)	2	3	0	00					
										(2)	4	9	0	00					
						March	4	221				7	4	00					
										(1)	7	4	00						
										(2)	4	6	4	00	3	6	6	1	00
April	1	3 Auditor of State, Excise Tax				April	10	250			1	0	0	00					
			(1)	2	0	0	00			(1)	1	0	0	00					
			(2)	4	2	5	00			(2)	6	6	4	00	3	7	6	1	00
						May	6	301				1	0	0	00				
										(1)	1	0	0	00					
										(2)	7	6	4	00	3	6	6	1	00
						June	15	310-311				1	2	5	00				
June	1	4 Fire Protection, Jay Twp.																	
	30	5 County Auditor, Property Taxes																	
			(1)	1	6	5	0	00		(1)	1	2	5	00					
			(2)	2	0	7	5	00		(2)	8	8	9	00	5	1	8	6	00

SAMPLE

This form is an illustration of grouping the warrants and posting the totals.

Notes: (1) Represents totals for the month - To be entered in pencil immediately below last entry.

(2) Represents totals for the year to date - To be entered in pencil immediately below totals for the month.

Posting of receipts and disbursements should be in ink.

Warrants may be posted individually or may be grouped and posted in total if written on the same date and are in numerical sequence.

This ledger sheet should be proved each month, as follows:

- (a) The total receipts posted to all funds should equal the total receipts issued - Town Form Number 217 or City Form Number 203A.
- (b) The total disbursements posted to all funds should equal the total of warrants issued - Town Form number 219 or City Form Numbers 205A and 205A-PR.
- (c) The balance beginning of the month, plus receipts for the month, less disbursements for the month, should equal the balance at close of month.  
These figures will be carried to the "Financial Statement" - City or Town Form Number 206.
- (d) The total disbursements for the month shown on this ledger sheet should equal the total disbursements for the month posted to the detail accounts - City or Town Form Number 209.
- (e) The balance at the close of each month, together with the balances of other funds, should be reconciled monthly with the depository balance.

See preceding page for individual posting.

See next page for reverse side of this form.

Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975)  
General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S, CITY CONTROLLER'S AND CITY TREASURER'S MONTHLY FINANCIAL STATEMENT

City or Town of Kewee Month of June 20xx

FUNDS	TOTAL JAN. 1 BALANCE AND RECEIPTS TO DATE 1					RECEIPTS FOR MONTH 2					TOTAL BALANCE AND RECEIPTS 3					DISBURSED TO DATE 4					DISBURSED FOR MONTH 5					TOTAL DISBURSEMENTS 6					TREASURER'S ENDING BALANCE 7					CONTROLLER'S ENDING BALANCE 8																		
	3	6	9	4	4	9	80	1	1	0	0	5	0	20	3	7	9	5	0	0	00	2	5	4	2	8	4	78	2	8	5	9	4	22	2	8	2	8	7	9	00	9	6	6	2	1	00							
General	3	6	9	4	4	9	80	1	1	0	0	5	0	20	3	7	9	5	0	0	00	2	5	4	2	8	4	78	2	8	5	9	4	22	2	8	2	8	7	9	00	9	6	6	2	1	00							
Motor Vehicle Highway	1	1	7	9	2	6	76	1	1	4	5	4	50	1	2	9	3	8	1	26	7	3	9	0	1	37	2	0	1	1	8	40	9	4	0	1	0	77	3	5	3	6	1	49										
Park	1	7	8	3	5	45	1	4	1	5	60	1	9	2	5	1	05	1	4	7	8	6	50	2	3	6	7	90	1	7	1	5	4	40	2	0	9	6	65															
Parking Meter	2	7	0	6	9	90	3	2	3	3	40	3	0	3	0	3	30	1	9	1	0	5	84	3	1	9	0	17	2	2	2	9	6	01	8	0	0	7	29															
Firemen's Pension	1	4	7	2	3	40	2	3	2	5	00	1	7	0	4	8	40	1	1	5	4	9	12	8	9	0	00	1	2	4	3	9	12	4	6	0	9	28																
Police Pension	8	5	0	1	38	1	1	5	1	12	9	6	5	2	50	6	7	3	4	16	1	3	4	0	50	8	0	7	4	66	1	5	7	7	84																			
Water Operating	3	9	3	3	0	02	1	5	4	3	7	65	5	4	7	6	7	67	4	0	2	5	3	40	1	1	3	7	7	86	5	1	6	3	1	26	3	1	3	6	41													
Water Depreciation	3	0	6	8	3	50	7	7	1	87	3	1	4	5	5	37	2	5	0	0	0	00							2	5	0	0	0	00	6	4	5	5	37															
Water - Bond and Interest	4	1	7	7	3	37	5	5	0	0	00	4	7	2	7	3	37	9	5	6	5	00	4	0	0	0	00	1	3	5	6	5	00	3	3	7	0	8	37															
Water - Meter Deposit	9	4	1	3	00	2	4	5	00	9	6	5	8	00	5	6	0	00	1	7	0	00	7	3	0	00	8	9	2	8	00																							
Cash Change Funds	2	0	0	00										2	0	0	00										2	0	0	00	2	0	0	00																				
TOTALS - CASH FUNDS	6	7	6	9	0	6	58	5	1	5	8	4	34	7	2	8	4	9	0	92	4	5	5	7	4	0	17	7	2	0	4	9	05	5	2	7	7	8	9	22	2	0	0	7	0	1	70							
ADJUSTMENTS (explain fully)																																																						
BALANCE (Col. 7 must agree with Col. 8)																																																						

  

INVESTMENTS BY FUNDS	Total Jan. 1 Balance and Purchases To Date	Investments Purchased For Month	Total Balance and Investments Purchased	Investments Cashed To Date	Investments Cashed For Month	Total Investments Cashed	Treasurer's Balance of Investments	Controller's Balance of Investments																																														
Police Pension		1	0	0	0	00	1	0	0	0	00						1	0	0	0	00																																	
Water Bond and Interest	2	0	0	0	0	00	2	0	0	0	00	4	0	0	0	00	4	0	0	0	00	1	6	0	0	0	00																											
Total of Investments by Funds	2	0	0	0	0	00	2	1	0	0	00	4	0	0	0	00	4	0	0	0	00	1	7	0	0	0	00																											
Totals - All Funds (Col. 7 must agree with Col. 8)	6	9	6	9	0	6	58	5	2	5	8	4	34	7	4	9	4	9	0	92	4	5	5	7	4	0	17	7	2	0	4	9	05	5	2	7	7	8	9	22	2	1	7	7	0	1	70							



See next page for reverse side of this form.

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	1 8 0 8 7 1 70	3 0 0 0 0 0 00	x x x x x	1 0 1 7 0 00	x x x x x	2 0 0 7 0 1 70	
2 Investments From Ledger Funds	2 0 0 0 0 0 00	x x x x x	1 0 0 0 0 00	x x x x x	4 0 0 0 0 00	1 7 0 0 0 00	
3 Totals	2 0 0 8 7 1 70	3 0 0 0 0 0 00	1 0 0 0 0 00	1 0 1 7 0 00	4 0 0 0 0 00	2 1 7 7 0 1 70	
NAMES OF DEPOSITORIES	Depository Balances Previous Day 1	Deposits During Day			Warrants Issued During Day		Depository Balances Close of Day 6
		Ledger Funds 2	Investments From Depository Balances Cashed-Cost 3	Ledger Funds 4	Investments From Depository Balances Purchased-Cost 5		
4A Kewee National Bank	1 2 8 2 7 3 55	3 0 0 0 0 0 00		1 0 0 0 0 00	1 2 0 0 0 0 00	1 3 6 2 7 3 55	
4B Kewee State Bank	4 2 3 9 8 15		1 0 0 0 0 0 00	1 7 0 0 0 00		5 2 2 2 8 18	
4C							
4D							
4E							
4F							
4G							
4H							
4I							
4J							
5 Total Depository Balances	1 7 0 6 7 1 70	3 0 0 0 0 0 00	1 0 0 0 0 0 00	1 0 1 7 0 0 00	1 2 0 0 0 0 00	1 8 8 5 0 1 70	
INVESTMENTS - (Listed by Funds as Shown in Investm	Investment Balances Previous Day 1		Investments Purchased-Cost 3		Investments Cashed-Cost 5	Investment Balances Close of Day 6	
6A Police Pension Fund		x x x x x	1 0 0 0 0 00	x x x x x		1 0 0 0 0 00	
6B Water Bond and Interest Fund	2 0 0 0 0 0 00	x x x x x		x x x x x	4 0 0 0 0 00	1 6 0 0 0 00	
6C		x x x x x		x x x x x			
6D		x x x x x		x x x x x			
6E		x x x x x		x x x x x			
6F		x x x x x		x x x x x			
6G		x x x x x		x x x x x			
6H		x x x x x		x x x x x			
6I		x x x x x		x x x x x			
6J		x x x x x		x x x x x			
7 Depository Balances Invested	1 0 0 0 0 0 00	x x x x x	1 2 0 0 0 0 00	x x x x x	1 0 0 0 0 0 00	1 2 0 0 0 0 00	
8 Total Investments	3 0 0 0 0 0 00	x x x x x	1 3 0 0 0 0 00	x x x x x	1 4 0 0 0 0 00	2 9 0 0 0 0 00	
9 Totals - Depositories and Investments	2 0 0 6 7 1 70	3 0 0 0 0 0 00	2 3 0 0 0 0 00	1 0 1 7 0 0 00	2 6 0 0 0 0 00	2 1 7 5 0 1 70	

SAMPLE

See preceding page for reverse side of this form.

City or Town Form No. 212 (Rev. 1975)  
General Form No. 361 (Rev. 1975)

DEPOSITORIES AND INVESTMENTS

DATE \_\_\_\_\_, \_\_\_\_\_

	Column 1						Column 2								
Cash on Hand Beginning of Day (Line 11, preceding page)				2	0	0	00	x	x	x	x	x		1	
Add Receipts for the Day (Line 1, Col. 2, opposite page)		3	0	0	0	0	00	x	x	x	x	x		2	
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)		1	0	0	0	0	00	x	x	x	x	x		3	
Totals		4	0	2	0	0	00	x	x	x	x	x		4	
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)		4	0	0	0	0	00	x	x	x	x	x		5	
Net Cash on Hand for which Accountable				2	0	0	00	x	x	x	x	x		6	
Cash on Hand Close of Day (Per Cash Count):														7	
Currency		x	x	x	x	x				1	0	0	00	8	
Coins		x	x	x	x	x				7	6	10		9	
Checks and Money Orders		x	x	x	x	x				2	5	00		10	
Total Cash on Hand Close of Day		x	x	x	x	x				2	0	1	10	11	
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)		x	x	x	x	x								12	
Net Cash on Hand (After Deducting Advances)		x	x	x	x	x				2	0	1	10	13	
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)		x	x	x	x	x		1	8	8	5	0	1	70	14
Total Cash on Hand an in Depository		x	x	x	x	x		1	8	8	7	0	2	80	15
Add Cash Under		x	x	x	x	x								16	
Deduct Cash Over		x	x	x	x	x					1	10		17	
Total		x	x	x	x	x		1	8	8	7	0	1	70	18
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)		x	x	x	x	x		2	9	0	0	0	00	19	
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)		x	x	x	x	x		2	1	7	7	0	1	70	20
														21	
INSTRUCTIONS:														22	
(1) Lines 1, 2 and 3 reflect the transactions each day for the ledgers for all cash funds and all investments made from the Ledger Funds.														23	
(2) Lines 4A through 4J will be used for the various depositories and will reflect the transactions each day for each depository affected.														24	
(3) Lines 6A through 6a will reflect the transactions each day of investments for each fund affected.														25	
(4) Line 7 will reflect the transactions each day of the investment made from the total of all monies on deposit, except for investments made from fund balances under (3) above.														26	
(5) Line 8 will reflect the Transactions of Investments by Funds and from the depository balances in total.														27	
(6) Line 9 reflects the transactions in Totals-Depositories and Investments.														28	
(7) Line 2, Col. 3, reflects Investments Purchased in amount of \$1000 from Ledger Balance-Cash Funds as a portion of the Disbursements for the day as shown on Line 1, Col. 4, and line 4A, Col. 4. On the same day investments are purchased from a fund it shall reflect Investment Purchased-Cost, Line 6A, Col. 3 (See Sample).														29	
(8) When any investments are cashed belonging to a certain fund (example shown Water Bond and Interest Fund) the amount of \$4000 shall be shown on Line 2, Col. 5, and Line 6B, Col. 5. The \$4000 is included in the \$30000 receipts for the day.														30	
(9) Under the Names of Depositories section, Line 4, for each depository affected, Cols. 3 and 5, will be used only when investments are purchased or cashed from the total of all funds deposited in a depository account. The totals shown on Line 5, Col. 3, shall appear on Line 7, Col. 5, and the total shown on Line 5, Col. 5, shall appear on Line 7, Col. 3.														31	
														32	
														33	
														34	

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.

Town of Kouts  
**GOVERNMENTAL UNIT**  
Kouts, Indiana  
**ADDRESS**

P.O. NO. 25  
 This no. must be shown on invoice, claim, and delivery memos.

TO Brown Printing Company

DATE 1-8-xx

ADDRESS 925 Howard Avenue

REQ. \_\_\_\_\_

CITY Kokomo, Indiana

IN ACCORDANCE WITH BID AND CONTRACT DATED \_\_\_\_\_

SHIP TO Walter Waite, Clerk-Treasurer Dept.

If subject to discount please indicate on Invoice or Claim.

SHIP VIA Railway Express

CHARGE TO \_\_\_\_\_  
 APPROPRIATION FOR Office Supplies APPROPRIATION NUMBER 36

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE		AMOUNT	
6	Each	Typewriter Ribbons - Black	2	50	15	00
2000	M	Letterheads	10	00	20	00
1000	M	Envelopes	10	00	10	00
SAMPLE						

TOTAL AMOUNT OF ORDER --- \$ **45 00**

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 **Walter Waite**  
**Walter Waite**  
 Clerk-Treasurer  
 Title

FEDERAL EXCISE TAX EXEMPT

INDIANA RETAIL TAX EXEMPT  
 CERTIFICATE NO. 24996

ORIGINAL - VENDOR'S COPY

### LEDGER OF APPROPRIATIONS, ENCUMBRANCES, DISBURSEMENTS AND BALANCES

Appropriation No. 72

Office, Dept., or Fund General Fund

Budget Classification Equipment

19xx Mo. Day	Description	Purchase Order Number	✓	Purchase Orders												Warrant Number	Disbursements															
				Issued				Paid				Balance					Appropriation		Disbursements		Appropriation Balance											
1 1	Ordinance #10																4	0	0	0	00							4	0	0	0	00
1 5		101	✓		5	0	0	00																								
1 6		127	✓		3	0	0	00																								
1 7															1									2	5	00		3	9	7	5	00
1 8		101								5	0	0	00		2								4	5	00		3	5	2	5	00	
1 10		154			8	0	0	00						1	1	0	0	00														
1 12															3									1	5	00		3	3	7	5	00
1 12															4									1	0	00		3	3	6	5	00
1 15		127									3	0	0	00		5								3	1	00		3	0	5	5	00
1 17		165	✓		2	0	0	00						1	0	0	0	00														
1 8		166			1	5	0	00						1	1	5	0	00														
1 25		165									2	0	0	00		6								2	0	00		2	8	5	5	00

SAMPLE



**CITY AND TOWN  
CAPITAL ASSETS LEDGER**

FUND \_\_\_\_\_

Form Prescribed by State Board of Accounts								City and Town Form 211 (Revised 2003)						
Date of Purchase	Description Include: Name of Department or Office If General Fund	Serial/ Identification 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	Infrastructure	Buildings	Improvements Other Than Buildings	Machinery and Equipment		Construction in Progress
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**SAMPLE**





SAMPLE

46-35

THIS RECEIPT MUST BE RETURNED WHEN YOU PAY.      PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM NO. 311 (REV. 1975)

DATE	Jan. 15, _____	DATE	READING	GAL. OR CU. FT.	AMOUNT
RECEIPT No.	125	12-20-____	PRESENT 98000	Gallons	WATER CHARGE 3 54
METER No.	5675		PREVIOUS 90000	Gallons	
ACCOUNT No.	337		CONSUMED 8000	Gallons	

DUE 30TH OF MONTH IN WHICH BILL IS RECEIVED.

WATER UTILITY  
10% OF THE FIRST \$3.00 AND  
3% OF THE BALANCE OF BILL  
WILL BE ADDED IF NOT PAID  
WHEN DUE.

SEWAGE PENALTY 10% OF BILL

Received Payment Jan. 15, _____	SEWAGE DISPOSAL CHARGE	7 08
	ARREARS SEWAGE	
By _____	SALES TAX	14
	ARREARS WATER	
	DISC. OR COLLECTION CHARGE	
	<b>TOTAL</b>	<b>10 76</b>

NAME            John Smith  
ADDRESS       4040 North West Street

MUNICIPAL WATER & SEWAGE UTILITIES    CHURUBUSCO, INDIANA

**Note:**    The sewage disposal charge is not subject to sales tax.

### REGISTER OF DAILY CASH RECEIPTS - CONSUMERS

CLASS A-B-C-D

Water-Municipal Sewage Utility Water

DEPARTMENT

MONTH OF January, 20 X X

PAGE 4

UTILITY FORM NO. 313A (Revised 1966)

DATE 19XX	NAME OR ACCOUNT NUMBER	ACCOUNTS RECEIVABLE										FORFEITED DISCOUNTS (PENALTIES)	SALES TAX	NONOPERATING RECEIPTS	CUSTOMER DEPOSITS	TOTAL											
		UNMETERED			METERED			OTHER																			
	AMOUNT BROUGHT FORWARD	4	9	8	50	3	4	2	6	80								2	0	00							
1-15	335			1	50																						
	336								1	96																	
	337								6	24			41														
	Ira Black #1273																		5	00							
	Town-Hydrant Rental								5	0 0 00																	
	Sub-Totals	5	0	0	00	3	4	3	5	00	5	0	0	00	7	8	70			2	5	00					
1-16	340								1	50																	
	341								3	00																	
1-21	342								3	00																	
1-30	343								3	00																	
1-31	344								3	00																	
	345								1	50																	
	Sub-Totals								1	50																	
	Totals	5	0	0	00	3	4	5	0	00	5	0	0	00	7	9	00			2	5	00	4	6	0	4	00
Note: Nonoperating Receipts" column shall be used for reconnection charges, tap charges and similar items.																											
This form serves as a medium for posting to Water Utility Simplified Cash Journal. The subtotals represent pencil footings of cumulative totals to provide for this posting.																											

# GUARANTEE DEPOSIT REGISTER

Prescribed by State Board of Accounts Form 314

DEPOSITS					REFUNDS			BALANCE
DATE	NO.	NAME	LOCATION	✓	AMOUNT	DATE	APPLIED	
1-2 XX	1	Bridges, James	415 South Street		5 00	1-3-XX	2 50	2 50
3-6 XX	5	Bright, Clarence	410 North Street		5 00			
6-7 XX	7	Best, Henry	210 West Street		5 00	2-8-xx		5 00
7-8 XX	12	Blaine, Amos	118 East Street		5 00			
1-15 XX	###	Black, Ira	210 South Broadway		5 00			
<p>Note: The "Guarantee Deposit Register" should be arranged alphabetically. This record should be reconciled monthly with the balance in the Meter Deposit Fund.</p>								

SAMPLE

Prescribed by State Board of Accounts

Form No. 310

SUBJECT TO ALL RULES  
AND REGULATIONS NOW  
IN EFFECT OR HERE-  
AFTER ADOPTED

CONSUMER'S GUARANTEE DEPOSIT

WITH

No. 1273

OSGOOD MUNICIPAL WATER UTILITY

OSGOOD, INDIANA

DATE Jan. 15,

RECEIVED OF Ira Black \$ 5 .00

Five and..... 00 DOLLARS

TO BE HELD IN TRUST as a guarantee Deposit for payment of Water service. To be refunded on discontinuance of service if and when all bills are paid.

KEEP THIS RECEIPT

OSGOOD MUNICIPAL WATER UTILITY

ADDRESS 210 South Broadway BY \_\_\_\_\_

COLLECTOR

Note: The original receipt is issued to the consumer and the duplicate is retained in a bound book and serves as a medium of posting to the "Guarantee Deposit Register."

## GUARANTEE DEPOSIT REGISTER

Prescribed by State Board of Accounts Form 314

DEPOSITS					REFUNDS			BALANCE	
DATE	NO.	NAME	LOCATION	✓	AMOUNT	DATE	APPLIED	REFUNDED	BALANCE
1-2 XX	1	Bridges, James	415 South Street		5 00	1-3-XX	2 50	2 50	
3-6 XX	5	Bright, Clarence	410 North Street		5 00				
6-7 XX	7	Best, Henry	210 West Street		5 00	2-8-xx		5 00	
7-8 XX	12	Blaine, Amos	118 East Street		5 00				
1-15 XX	###	Black, Ira	210 South Broadway		5 00				
<p style="font-size: small;">Note: The "Guarantee Deposit Register" should be arranged alphabetically. This record should be reconciled monthly with the balance in the Meter Deposit Fund.</p>									
SAMPLE									

  

Prescribed by State Board of Accounts Form No. 310

SUBJECT TO ALL RULES AND REGULATIONS NOW IN EFFECT OR HERE-AFTER ADOPTED

CONSUMER'S GUARANTEE DEPOSIT WITH No. 1273

OSGOOD MUNICIPAL WATER UTILITY

OSGOOD, INDIANA DATE Jan. 15,

RECEIVED OF Ira Black \$ 5 .00

Five and----- 00 DOLLARS

TO BE HELD IN TRUST as a guarantee Deposit for payment of Water service. To be refunded on discontinuance of service if and when all bills are paid.

KEEP THIS RECEIPT

OSGOOD MUNICIPAL WATER UTILITY

ADDRESS 210 South Broadway BY \_\_\_\_\_ COLLECTOR

Note: The original receipt is issued to the consumer and the duplicate is retained in a bound book and serves as a medium of posting to the "Guarantee Deposit Register."

# CONSUMER'S LEDGER

FOLIO 25

ACCOUNT NO. 337

LOCATION 319 South Broadway

Form No. 321

NAME	MOVED FROM	LEDGER FOLIO	ACCOUNT NUMBER	MOVED TO	LEDGER FOLIO	ACCOUNT NUMBER	DEPOSITS			
							NUMBER	AMOUNT	ISSUED	CANCEL
Glen Moon	New Customer						15	5 00	1-6-20XX	

METERS					METERS												
CO. NUMBER	DATE SET				DATE REMOVED				CO. NUMBER	DATE SET				DATE REMOVED			
	MO.	DAY	YEAR	ORDER NO.	MO.	DAY	YEAR	ORDER NO.		MO.	DAY	YEAR	ORDER NO.	MO.	DAY	YEAR	ORDER NO.
56 75	1	6	66	2 23													

SAMPLE

DATE READ	INDEX	CU. FT. CONSUMED	GALLONS CONSUMED	OR BAL	CHARGES			PAYMENTS		DIS-COURT	CR. BALANCE	SUS-PENSE
					COMMERCIAL	INDUSTRIAL	MISC.	DATE	AMOUNT			
FORWARDED												
20XX								20XX				
JAN 20	28000		3000		1	53		FEB 15	1	53		
FEB 20	32000		4000		1	94		MAR 15	1	94		
MAR 20	35000		3000		1	53		APRIL 15	1	53		
APRIL 20	40000		5000		2	35		MAY 15	2	35		
MAY 20	46000		6000		2	75		JUNE 15	2	75		
JUNE 20	53000		7000		3	16		JULY 15	3	16		
JULY 20	61000		8000		3	57		AUG 15	3	57		
AUG 20	70000		9000		3	98		SEPT 15	3	98		
SEPT 20	78000		8000		3	57		OCT 15	3	57		
OCT 20	84000		6000		2	75		NOV 15	2	75		
NOV 20	90000		6000		2	75		#####				
DEC 20	98000		8000	3 16	3	61		20XX				
JAN								JAN 15	6	77		
FEB								FEB				
MAR								MAR				
APRIL								APRIL				
MAY								MAY				
JUNE								JUNE				
JULY								JULY				
AUG								AUG				
SEPT								SEPT				
OCT								OCT				
NOV								NOV				
DEC								DEC				
								20XX				
								JAN				

Note: Charges include sales tax.

Penalty is entered in columns headed "Miscellaneous."



Prescribed by State Board of Accounts  
Form No. 301 (Rev. 1995)

### ACCOUNTS PAYABLE VOUCHER

TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

Invoice Date	Item	Amount	

SAMPLE

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

\_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
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.

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Title



## SIMPLIFIED CASH JOURNAL WATER UTILITY - CLASS C

RECEIPTS, DISBURSEMENTS AND FUND BALANCES

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS Form No. 319

DATE 19XX	NAME	EXPLANATION	WARRANT NO. OR RECEIPT FOLIO	CASH OPERATING FUND			BOND & INTEREST (SINKING) FUND			DEPRECIATION FUND			CONSTRUCTION FUND			METER DEPOSIT FUND			CASH OPERATING RECEIPTS					TRANSFER RECEIPTS			OTHER RECEIPTS								
				RECEIPTS	DISBURSED	BALANCE	RECEIPTS	DISBURSED	BALANCE	RECEIPTS	DISBURSED	BALANCE	RECEIPTS	DISBURSED	BALANCE	RECEIPTS	DISBURSED	BALANCE	UNMETERED RECEIPTS 460	RESIDENTIAL 461.1	COMMERCIAL 461.2	INDUSTRIAL 461.3	FIRE PROTECTION RECEIPTS 462	OTHER OPERATING RECEIPTS 461.5	TO BOND & INTEREST (SINKING) FUND	TO DEPRED- TION FUND	TO FUND	GUARANTEED REVENUES 466	OTHER 474						
1																																			1
2																																			2
3																																			3
4																																			4
5																																			5
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36																																			36

SAMPLE

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# SIMPLIFIED CASH JOURNAL WATER UTILITY - CLASS C

RECEIPTS, DISBURSEMENTS AND FUND BALANCES

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

Utility Form No. 319 (Revised 1997)

	CONTRACTUAL SERVICES															OTHER EXPENDITURES											
	SALARIES AND WAGES EMPLOYEES 601	SALARIES AND WAGES OFFICERS 603	EMPLOYEE PENSIONS & BENEFITS 604	PURCHASED WATER 610	PURCHASED POWER 615	FUEL FOR POWER PRODUCTION 616	CHEMICALS 618	MATERIALS AND SUPPLIES 620	BILLING 630	PROFESSIONAL 631	TESTING 635	OTHER 636	RENTS 640	TRANSPOR-TATION 650	INSURANCE 656	UTILITY REGULATORY EXPENSES 665	BAD DEBTS 670	GROSS INCOME TAX 608	MISCEL-LANEOUS 675	NAME OF ACCOUNT	AMOUNT	BONDS OR LOANS PAID	DEPRECIATION RESERVE ACCOUNT				
1																										1	
2																											2
3																											3
4																											4
5																											5
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SAMPLE

THIS IS THE RIGHT HAND PAGE OF A TWO PAGE FORM. IN ORDER TO FOLLOW THE DISTRIBUTION, REFER TO THE LINE NUMBERS ON THE PRECEDING PAGE.

### MILEAGE CLAIM

\_\_\_\_\_  
(Governmental Unit)

TO \_\_\_\_\_ DR.

\_\_\_\_\_  
(Office, Board, Department or Institution)

On Account of Appropriation No. \_\_\_\_\_ for \_\_\_\_\_

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

<sup>+</sup>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

