### **APPENDIX**

EXHIBIT A	Requisition Blank
EXHIBIT B	Purchase Order
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
EXHIBIT I	Store Room Record
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
EXHIBIT O	Receipt office of Treasurer
EXHIBIT P	
EXHIBIT Q	Receipt Register
EXHIBIT R	Official Receipts – Individual Textbook Rental List
EXHIBIT S	Capital Assets Ledger
EXHIBIT T	Ticket Sales Report
EXHIBIT U	School Food, Daily Record of Cash Received
EXHIBIT V	School Food, Daily Record of Meals/Milk Served
EXHIBIT W	School Food, Cash Disbursement and Fund Balance

Date	· · · · · · · · · · · · · · · · · · ·	REQUISITION BLANK		No	
		VER TOATTITEMS TO BE USED FOR		ate Board of Accounts	Form No. 500
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ORDERED	DELIVID	DESCRIPTION	PRICE	AWOUNT	ACCT. NO.
AU	THORIZED BY	ORDERED BY	GO	ODS RECEIVI	ED BY

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PRESCRIBED BY STATE BOARD	OF ACCOUNTS						GENERAL FOR	M NO 98 (RE	FV 1998)
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MADE A PART OF THE CLAIM.							This Number must be on Invoice, C	laim,	
		ADDRI	FSS		_		and Delivery Memos.		
то						DATE			
ADDRESS			<del></del>			REQ.			
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SHIP TO						CONTRA	CT DATED		
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APPROPRIATION SUFFICIEN	NT TO PAY FOR THE	E ABOVE ORDER		ORD	ER BY				
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Prescribed by State Board of Accounts School Form No. 523 (2006)

## ACCOUNTS PAYABLE VOUCHER

	Terms	der No.
Date Due  Voice Invoice Number (or note attached invoice(s) or bill(s))  //		
voice Invoice Description Oate Number (or note attached invoice(s) or bill(s))	Data Data	
Date Number (or note attached invoice(s) or bill(s))	Date Due	
	·	Amount
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by certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which e ordered and received except	, <u>20</u>	·
Signature Title	Circumstance	Title

VOUCHER NO	WARRANT NO			
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	Charge These Appropriation			
Account Number	Account Name	Amount	•	
			•	
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	0)/~		•	We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of
			•	\$
			•	APPROVED, <u>20</u>
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			•	
	Total		•	BOARD OF SCHOOL TRUSTEES

### PAYROLL SCHEDULE AND VOUCHER

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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.

### PAGE 2

Total Gross Pay  Total Gross Pay  Total Gross Pay  Total Gross Pay  DEDUCTIONS  Federal Wh Tax  Social Security Tax  Medicare Tax  State WH Tax  CAGIT  Insurance  Retirement  Net Amount of Warrants  Net Amount of Warrants  Allowed  Allowed  Total Gross Pay  Total Gross Pay  DEDUCTIONS  Federal Wh Tax  Social Security Tax  Medicare Tax  State WH Tax  CAGIT  Insurance  Retirement  Net Amount of Warrants  Allowed  Total Gross Pay  FILED	E II		t	Name
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Warrant No	. 20			(Signature)
Warrant No	I have examined the within claim and hereby cert This is in proper form. That it is duly authenticated as required by law.	ífy as follows:		(Official title)
Warrant No	contract.  Statutory authority.			
Warrant No	correct.			
Warrant No				Disbursing Officer
Appropriation or Approp. or Account Title Approp. or Account Title Acct. No. Amount  s  Total Gross Pay  FILED	In the Sum of \$	Allowed	Total Gross Pay DEDUCTIONS Federal W/H Tax Social Security Tax Medicare Tax State W/H Tax CAGIT Insurance	Warrant Noto (Inclusiv
Appropriation or Account Title Acct. No. Amount		20		e)
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PAGE 1

Claim No Warrant No IN FAVOR 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.
\$ On Account of Appropriation No for	Disbursing Officer
Allowed	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
(Board or Commission)	s, except
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(Official Title)

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#### ACCOUNTS PAYABLE VOUCHER REGISTER

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For Perio	od	Agency , 20 to	, 20						Page	of	F	ages	
Prescribed	by State Board or A	Accounts								General F	orm No. 364	(1997)	
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			ALLOWA	NCE OF VOUCHE	ERS			
(IC 5-11-1	0-2 permits th	e governing body to sign	the Accounts Paya	ible Voucher Regis	ter in lieu of	signing	g each claim th	e governing body is allowin
W vouchers	e have examir not allowed as	ned the vouchers listed on shown on the Register s	the forgoing account to the total th	unts payable vouch	ner register, of \$_	consist	ing of pa	ges, and except for
Dated this		_ day of	20					
			_, _v					
Dated time								

SIGNATURES OF GOVERNING BOARD

#### FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS SCHOOL FORM NO. 508 (REV. 2006)

#### FUND LEDGER AND LEDGER OF RECEIPTS

FUND TITLE	FUND NUMBER
SOURCE OF RECEIPT	RECEIPT ACCOUNT NUMBER

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Prescribed by State Board of Accounts

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

General Form No. 361 (Rev. 2006)

### TREASURERS DAILY BALANCE OF CASH

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#### **DEPOSITORIES AND INVESTMENTS**

Column 1 Column 2 Cash on Hand Beginning of Day (Line 11, preceding page) Add Receipts for the Day (Line 1, Col. 2, opposite page) 2 Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page) 3 Totals 5 Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page) Net Cash on Hand for which Accountable 6 7 Cash on Hand Close of Day (Per Cash Count): xxxxx Currency 8 Coins xxxxx 9 Checks and Money Orders x x x x x 10 Total Cash on Hand Close of Day 11 Deduct Advances for Cash Change Fund (If not included in Ledger Balances) 12 13 Net Cash on Hand (After Deducting Advances) Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page) xxxxx 14 Total Cash on Hand an in Depository 15 xxxxx Add Cash Under x x x x x 16 x x x x x Deduct Cash Over 17 Total xxxxx 18 19 Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page) Proof (Must equal Record Balance Close of Day, Line 3, Col. 6) 20 xxxxx 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

EXHIBIT H
PAGE 2

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM NO. 514 (REV. 2005) TEACHER'S SERVICE RECORD SOC. SEC. NO.\_\_\_\_\_ SCHOOL YEAR 20\_\_\_ - 20\_\_\_ RETIREMENT NO. COUNTY \_\_\_\_\_ NAME \_\_\_\_\_ SCHOOL CORPORATION \_\_\_\_\_ DATE EMPLOYED CONTRACT \$ PER DAY \$ \_\_\_\_\_ ADDRESS ACCUMULATED SICK LEAVE EARNED \_\_\_\_ CREDIT TO DATE (EXCLUDING THIS SCHOOL YEAR) \_\_\_\_\_ SCHOOL CORP. OF LAST EMPLOYMENT PERSONAL BALANCE SICK & FAMILY OR CIVIC SICK & NAME OF RATE PAY PERIOD DAYS QUARANTINE DEATH **AFFAIRS** QUARANTINE SUBSTITUTE EMPLOYED NO. OF PER DAY **ENDING** IN DAYS DAYS DAYS DAYS DAYS USED **GROSS** DAYS DURING ABSENCE OF DAYS PAID TO MONTH OR OTHER | PERIOD | LOST | WORKED | USED USED SALARY UNUSED REGULAR TEACHER EMPLOYED 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

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OTH	HER LEAVE	
TAKEN	EXPLANATION	
		Ш

Prescrit	ed by	the State	Board	d of Acco	unts																	General Payrol	l Form No. 9	∂A (Rev. 1998)
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V - VACATION LEAVE S - SICK LEAVE L - LOST TIME OL - OTHER AUTHORIZED LEAVESHOW 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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EXHIBIT

Prescribed by State Board of Accounts		Form No. 509 (1967)
		Fund
		No
Appr. No. \$ \$		
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	Order of	
		100
	In Payment of Claim No.	
		Treasurer
		ricusuroi
Prescribed by State Board of Accounts		Form No. 509 (1967)
		Fund
		No
Appr. No. \$	(5/4)1/111	
**************************************	Pay to the	
<u> </u>	Order of	
		Dollars
	In Payment of Claim No.	
		Treasurer
Prescribed by State Board of Accounts		Form No. 509 (1967)
,		Fund
		No
Appr. No. \$		
\$ \$	Pay to the Order of	\$\$
		Dollars
	In Payment of Claim No.	
		Treasurer
Prescribed by State Board of Accounts		Form No. 509 (1967)
		Fund
		No
Appr. No. \$ \$ \$		
\$	Pay to the	¢
<sup>φ</sup>	Order of	Dollars
	In Payment of Claim No.	100
	in Payment of Claim No.	
		Treasurer
Prescribed by State Board of Accounts		Form No. 509 (1967)
		Fund
		No
Appr. No. \$		
***************************************	Pay to the	
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		Dollars 100
	In Payment of Claim No.	
		Tropouror
		Treasurer

Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
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Fund	<del></del>	
PR Claim No.	Pay to the	\$
	Order of	Dollars
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	Hours Gross Federal Social State Worked Pay With Tax Security With Tax	Retire- Insur- ment ance
		Treasurer
Prescribed by State Board of Accounts	S/A/MILLE	Form No. 516 (1967)
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	Worked Pay With Tax Security With Tax	
		Treasurer
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		Dollars
	Hours Gross Federal Social State Worked Pay With. Tax Security With. Tax	Retire- Insur- c ment ance
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Fund PR Claim No.		
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		Dollars
	Hours Gross Federal Social State	Retire- Insur-
	Worked Pay With Tax Security With Tax	ment ance

Prescribed by State Board of Acco	unts		School City and Town Form	No. 517 (Rev. 1997)
		RECEIPT		
	(	OFFICE OF TREASURER OF SCHOOL BOARD		
(00)1001			NO	
(SCHOOL C	ORPORATION)	Cash Check/Draft MO B	redit Card/ lank Card EFT	
	IN		Amount Amount Other	
RECEIVED FROM			LL	\$
THE SUM OF	(2			DOLLARS
ON ACCOUNT OF			100	
		TREASURER OF SCH	IOOL BOARD	
Prescribed by State Board of Acco	unts		School City and Town Form	No. 517 (Rev. 1997)
,		RECEIPT	ŕ	,
	(	OFFICE OF TREASURER OF SCHOOL BOARD	)	
			NO	
(00)1001				1
(SCHOOL C	ORPORATION)	Payment Type and Cr	redit Card/	
	IN		ank Card EFT  Amount Amount Other	
RECEIVED FROM				s \$
THE SUM OF		CANDID F		DOLLARS
ON ACCOUNT OF		Ols Si	100	
		TREASURER OF SCH	OOL BOARD	
Prescribed by State Board of Acco	unts		School City and Town Form	No. 517 (Rev. 1997)
	(	RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD	)	
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(SCHOOL C	ORPORATION)	Payment Tybe an		]
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RECEIVED FROM		VIL DE		\$
THE SUM OF			100	DOLLARS
ON ACCOUNT OF				
		TREASURER OF SCH	IOOL BOARD	•

Prescribed by State Board of Accounts

Name of Unit	 Fund

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

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General Form No. 350 (Revised 1983) Governmental Unit

## RECEIPT REGISTER

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EXHIBIT

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a reference to such attached list instead of further itemization.

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Issuing Officer

#### **CAPITAL ASSETS LEDGER**

FUND		
DEPARTME	NT OR BUILDING	

Date of Purchase							Amount			Types or c	Capital Assets			
	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Fixed Asset	Received on Disposal or Trade in	Land	Infrastructure	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	Total Fixed Assets
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OTTER———				_	ACTIVITY —			
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DUPLICATE

## Form Prescribed by State Board of Accounts School Form SF-2 (Revised 1998) SCHOOL FOOD SERVICE

					DAILY	RECORD OF	CASH RECE	IVED							
												School			
				CASH RECEIVED F	OR									FEDERAL	
Ц	DATE	TOTAL	LUNCH	OTHER RECEIPTS	BREAKFAST	KIND.	STUDENT	ADULT		PREPAID	PREPAID		STATE	REIMBURSEMENTS	빌
=		CASH				SPECIAL	ALA	ALA	PREPAID	FOOD	FOOD		MATCH		5

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EXHIBIT U

SF-2A

# SCHOOL FOOD SERVICE DAILY RECORD OF MEALS/MILK SERVED

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