APPENDIX

PRESCRIBED FORMS

Library Form No.		Title	Appendix Page
1		Financial and Appropriation Record	A-1 to A-9
1A	(Rev. 1982)		
1B			
1C			
2	(Rev. 1981)	Warrant (in duplicate)	A-11
3	(1966)	Daily Record of Desk Collections	A-13
4	(Rev. 1984)	Accounts Payable Voucher	A-15 and A-16
General Form No.			
53	(1955)	Bond Register	A-17 and A-18
86	(Rev. 1947)	Contractor's Combination Bid Bond and Bond for Construction	A-19 to A-22
96	(Rev. 2005)	Contractor's Bid for Public Work	A-23 to A-26
98	(Rev. 1998)	Purchase Order	A-27
99	(Rev. 1993)	Payroll Schedule and Voucher	A-29 and A-30
99A	(Rev. 1985)	Employee's Service Record	A-31
99B	(Rev. 1993)	Employee's Earnings Record	A-33
99C	(1985)	Employee's Weekly (Work Period) Earnings Record	A-35 and A-37
99P	(Rev. 2009)	Publisher's Claim	A-39 and A-40
100R	(Rev. 2001)	Certified Report of Names, Address, Duties and Compensation of Public Employees	A-41 to A-44
101	(1955)	Mileage Claim	A-45 and A-46
350	(Rev. 1982)	Register of Investments	A-47
351	(1964)	Register of Insurance	A-49
352	(Rev. 1997)	Receipt	A-51
359	(1967)	Ledger of Appropriations, Encumbrances, Disbursements and Balances	A-53
364	(Rev. 1997)	Accounts Payable Voucher Register	A-55 and A-56
369	(2003)	Capital Assets Ledger	A-57
370	(1997)	Receipt Register	A-59
Other Forms - Suggested Format			
		Conflict of Interest Disclosure Statement	A-61 and A-62
		Form Approval Letter	A-63
		Form Approval Resolution	A-65

Prescribed by State Board of Accounts

SHEET NO. _____

MONTH OF _____, _____

LIBRARY

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

Sample

FINANCIAL AND APPROPRIATION RECORD

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

Sample

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

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Prescribed by State Board of Accounts

Library Form No. 1A (1982)

Sample

(Binding Margin)	LIBRARY OPERATING FUND APPROPRIATIONS								
	PERSONAL SERVICES		SUPPLIES						
	EMPLOYEE BENEFITS	OTHER PERSONAL SERVICES	OFFICE SUPPLIES	OPERATING SUPPLIES	REPAIR AND MAINTE-NANCE SUPPLIES	OTHER SUPPLIES	PROFES-SIONAL SERVICES	COMMUNI-CATION AND TRANSPOR-TATION	
									1
									2
									3

(Obverse Side)

Sample

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

(Reverse Side)

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

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Prescribed by State Board of Accounts

Library Form No. 1B (1982)

Sample

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

(Obverse Side)

Sample

	LIBRARY IMPROVEMENT RESERVE FUND				LIBRARY IMPROVEMENT FUND INVESTMENTS			
	RECEIVED C-1	DISBURSED C-2	BALANCE C-3	APPROPRI-ATIONS CAPITAL EXPENDI-TURES	PURCHASED	SALES/ MATURITIES	BALANCE	(Binding Margin)
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. 1B)

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Sample

(Binding Margin)	BOND AND INTEREST REDEMPTION FUND				_____ FUND			_____
	RECEIVED D-1	DISBURSED D-2	BALANCE D-3	APPROP. DEBT SERVICE	RECEIVED E-1	DISBURSED E-2	BALANCE E-3	RECEIVED 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 F-2	BALANCE F-3	FEDERAL WITHHOLDING TAX G-1	OASI WITHHELD G-2	STATE WITHHOLDING TAX G-3	COUNTY WITHHOLDING TAX G-4	PERF WITHHELD G-5	GROUP INSURANCE WITHHELD 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	1
										2
										3

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

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Prescribed by State Board of Accounts

Library Form No. 1C (1982)

Sample

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

(Obverse Side)

Sample

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

_____ PUBLIC LIBRARY

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

_____, IN, _____, _____

PAY TO THE
ORDER OF _____ $ _____

_____ DOLLARS
100

_____ BANK
_____, INDIANA

FOR _____

Sample

NON-NEGOTIABLE

_____
TREASURER

(This page intentionally left blank.)

PRESCRIBED BY STATE BOARD OF ACCOUNTS - 1966 LIBRARY FORM NO. 3

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												
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21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
TOTALS - MONTHLY												

Sample

(This page intentionally left blank.)

Prescribed by State Board of Accounts

Library Form No. 4 (Rev. 1984)

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

VOUCHER NO. _____ WARRANT NO. _____

Charge These Appropriations

Account Number	Account Name	Amount

PAYEE

APPROVED _____, _____

In the amount of $_____

Sample

BOND REGISTER

Purpose of Issue: _____

	Series No.	Bond No.	Amount of Bond	DATE DUE			DATE PAID			Amount Paid				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 ____
				Mo.	D	Yr.	Mo.	D	Yr.														
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.										
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													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 ____
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										

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 2

Amount of Issue, $ 3

Rate of Interest payable annually 4

Bonds and coupons payable at 5

Record page 6

Record page 7

Premium received, $ 8

Accrued Interest received, $ 9

Name of Purchaser 10

11

12

Facsimile signatures attached to bonds: 13

14

15

16

17

18

19

20

21

Official Title

Attest: 22

Official Title 23

Sample

Approved by Attorney General and State Board of Accounts Revised (General Blank) Form No. 86-1947

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, construction 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

_____ (Seal)
_____ (Seal)
By: _____
Attorney-in-fact

Approved this _____ day of _____, _____

_____
_____
_____
Official or Board.

Attest: _____

(Note: See Burns Section 53-202)

No.....

Sample

Contractor's Combination Bid Bond and

Bond For Construction

of

Filed ....., ...

The American Institute of Architects AIA Document Sept. 1963 Ed.

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)

Sample

as Obligee, hereinafter called Owner, in the amount of

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)

FOUR PAGES

Prescribed by State Board of Accounts Form No. 96 (Revised 2000)

CONTRACTORS BID FOR PUBLIC WORKS

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

_____

Date: _____

1. Governmental Unit (Owner): _____
2. County: _____
3. Bidder (Firm): _____
   Address: _____
   City/State: _____
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 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 convenant 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. IC. 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.

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 induce 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.

OATH AND AFFIRMATION

I affirm under the penalties of perjury that the foregoing facts and information are true and correct to the best of my knowledge and belief.

Dated at _____ this _____ day of _____, _____.

_____
(Name of Organization)

By: _____

_____
(Title of Person Signing)

ACKNOWLEDGEMENT

Sample

STATE OF _____)
) SS
COUNTY OF _____)

_____ being duly sworn, deposes and says that he is _____ of the above _____ and that the
(Title) (Name of Organization)
statements contained in the foregoing bid certification and affidavit are true and correct.

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

_____
Notary Public

My Commission Expires: _____

County of Residence: _____

Form No. 96 (Revised 2000)

BID OF

_____

(Contractor)

_____

(Address)

_____

FOR

PUBLIC WORKS PROJECTS

OF

_____

_____

_____

_____

Sample

FILED _____, _____

Action taken _____

_____

ACCEPTANCE

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

Contracting Authority Members:

_____ _____
_____ _____
_____ _____

PART II

(Complete sections I, II, III, and IV for all state and local public works projects as required by statutes if project is one hundred thousand dollars ($100,000) or more. (IC 36-1-12-4))

Governmental Unit: _____
Bidder (Firm): _____
Date: _____

Sample

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 Award	Class of Work	When Completed	Name and Address of Owner

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

Contract Award	Class of Work	When to be Completed	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, completed the project, number of workers, etc. and any other information which you believe would enable the governmental unit consider your bid.)

2. 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 expect to require a bond. However, if you are unable to currently provide a listing, please understand, a listing must be provided prior to contract approval.

3. 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.

4. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? Otherwise, 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 OATH AND AFFIRMATION

I hereby affirm under the penalties of perjury that the facts and information contained in the foregoing bid for public works are true and correct to the best of my knowledge and belief.

Dated at _____ this _____ day of _____, _____.

Sample

_____
(Name of Organization)

By: _____

_____
(Title of Person Signing)

ACKNOWLEDGEMENT

STATE OF _____)
)
COUNTY OF _____)

_____ being duly sworn, deposes and says that he is
_____ of the above _____ and that the
(Title) (Name of Organization)
answers to the questions in the foregoing questionnaires and all statements therein contained are true and correct.

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

_____
Notary Public

My Commission Expires: _____

County of Residence: _____

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.

TO _____

DATE _____

ADDRESS _____

REQ. _____

CITY _____

IN ACCORDANCE WITH BID AND CONTRACT DATED _____

SHIP TO _____ DEPT.

If subject to discount please indicate on Invoice.

SHIP VIA _____

CHARGE TO
APPROPRIATION FOR _____ APPROPRIATION NUMBER _____

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE		AMOUNT	
		TOTAL AMOUNT OF ORDER - - - -		$		

Sample

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

(This page intentionally left blank.)

Prescribed by State Board of Accounts

General Payroll Form No. 99 (Rev. 1993)

PAYROLL SCHEDULE AND VOUCHER

_____
(Office, Board, Department or Institution)

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.

Page _____ of _____ Pages

For Period Beginning _____, _____ and Ending _____, _____

_____ Fund

					DAYS OR HOURS IN PERIOD										DEDUCTIONS												
									Other Leave											Insurance		Retirement					
	NAME OF EMPLOYEE	Approp No. or Class Title	Code	Noncash Benefits	Worked	Sick Leave	Vacation Leave	Lost Days	Code	Days Hours	Total Days or Hours To Be Paid	Rate of Pay	Gross Pay	Total	Fed. W/H Tax	Social Security Tax	Medicare Tax	State W/H Tax	County W/H Tax	Code	Amount	Code	Amount			Amount of Warrant (Gross Pay) Less Deductions)	Warrant Number
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.

: INDIANA, _____ COUNTY, SS:

I, _____
Name

_____ to _____
Title Agency

rtify that I have examined the time record of each employee listed on Pages ____ to ____ of this payroll, that each employee has
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
ployee listed hereon is being divided or paid to any person on account of or by the reason of his employment: that the compensation listed opposite
of each employee is based upon either statutory or regulatory authority and is justly due each such employee: that the deductions have been
for the purpose stated: that this payroll totalling $_____ is correct and has by me been approved.
Basic Pay

_____, _____

_____
(Signature)

_____
(Official title)

mined the within claim and hereby certify as follows:
roper form.
uly authenticated as required by law.

ased upon { contract. / statutory authority.

pparently { correct. / incorrect.

_____
Disbursing Officer

CLAIM NO. _____

Warrant No. _____ to _____
(Inclusive)

PAYROLL OF

(Office, Board, Department or Institution)

(Fund)

Total Gross Pay $_____
DEDUCTIONS
Federal W/H Tax $_____
Social Security Tax
Medicare Tax
State W/H Tax
CAGIT
Insurance
Retirement

Net Amount of Warrants $_____

Allowed _____

In the Sum of $_____

Total Gross Pay
FILED

DISTRIBUTION OF EXPENSE

Appropriation or Account Title	Approp. or Acct. No.	Amount

Prescribed by the State Board of Accounts

General Payroll Form No. 99A (Rev. 1985)

_____
(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

	1 16	2 17	3 18	4 19	5 20	6 21	7 22	8 23	9 24	10 25	11 26	12 27	13 28	14 29	15 30	31
BALANCE BROUGHT FORWARD FROM LAST YEAR ----------																
JAN.																
FEB.																
MAR.																
APR.																
MAY																
JUNE																
JULY																
AUG.																
SEPT.																
OCT.																
NOV.																
DEC.																

REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE	
EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION

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.

Sample

(This page intentionally left blank.)

EMPLOYEE'S EARNINGS RECORD

UNIT _____
OFFICE, BOARD OR DEPARTMENT _____
(SEE OTHER SIDE FOR INSTRUCTIONS)

BASIS OF PAY (PER MONTH, WEEK, HOUR) _____
OTHER COMPENSATION TYPE _____
AMOUNT _____
EXEMPTION STATUS FEDERAL _____ STATE _____

MR., MRS., MISS _____
ADDRESS _____
CITY _____ ZIP CODE _____
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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Prescribed by State Board of Accounts

General Form No. 99C (1985)

_____
UNIT

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

YEAR _____

NAME (Mr./Mrs./Ms.) _____

ADDRESS _____

_____
Zip Code

SOC. SEC. NO. _____

SOC. SEC. NO. _____

EMPLOYEE NUMBER _____

CLASSIFICATION _____

OFFICE, BOARD OR DEPARTMENT _____

WORK WEEK BEGINS:
Day of Week _____
Time of Day _____

ESTABLISHED WORK PERIOD _____
(Police and Fire ONLY)

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

Sample

(This page intentionally left blank.)

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

NAME (Mr./Mrs./Ms.) _____

ADDRESS _____

_____
Zip Code

SOC. SEC. NO. _____

INSTRUCTIONS

This form is designed to record weekly totals for hours worked, straight time earnings or wages, and overtime excess compensation and the regular hourly rate of pay for the week. A separate sheet shall be used for each employee. One sheet both sides is sufficient for one employee for one full year. This form may also be used for police and fire department employees where an optional work period has been adopted.

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

Sample

(This page intentionally left blank.)

Prescribed by State Board of Accounts General Form No. 99P (Rev. 2009A)

ATTACH COPY OF ADVERTISEMENT HERE

..... To.....
(Governmental Unit)

.....County, Indiana .....

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.....

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

_____

_____, _____

Prescribed by State Board of Accounts General Form. 100-R (Rev. 2001)

CERTIFIED

REPORT

OF

NAMES, ADDRESSES, DUTIES AND COMPENSATION

OF

PUBLIC EMPLOYEES

Sample

IN THE EMPLOY OF

_____

Office, Department, Board, Bureau, Commission, Institution

OF

_____, _____County

Governmental Unit

January 20_____

Prepare, make and sign this report during month of January each year and file with the State Examiner, 302 W. Washington Street, Room E418, Indianapolis, IN 46204, in compliance with **Indiana Code 5-11-13**.

TO ALL OFFICIALS, EXECUTIVES AND THOSE IN CHARGE:

Pursuant to Chapter 100, Acts 1943, list below, the name, address, duties and compensation of each officer, employee and agent in your office, department, board commission or institution, during the month of January, and send this report, properly certified, to the office of the State Examiner, State Board of Accounts, 302 West Washington Street, Room E418, Indianapolis, Indiana, 46204, for filing as a public record. The rate and amount of compensation shown for each person should be that payable during the current month (January).

	NAME Officer, Employee or Agent	ADDRESS	DUTIES	COMPENSATION		
				Per*	Amount	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
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Sample

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22						
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41						
42						
43						
44						

Sample

*PER -- month, week, day or hour. If employee receives compensation other than cash, attach a separate schedule and indicate nature of same.

45						
46.						
47.						
48.						
49.						
50.						
51.						
52.						
53.						
54.						
55.						
56.						
57.						
58.						
59.						
60.						
61.						
62.						
63.						
64.						
65.						

Sample

CERTIFICATE

I, _____ hereby certify that the names, addresses, duties and compensation of employees as listed herein are correct and complete and that it includes all employees of the aforesaid office, department, board, commission or institutions, who were employees on this _____ day of January, 20_____.

SIGNED: _____

BY: _____

Prescribed by State Board of Accounts

General Form No. 101 (1955)

MILEAGE CLAIM

_____
(Governmental Unit)

_____
(Office, Board, Department or Institution)

TO _____DR.

On Account of Appropriation No. _____ for _____

DATE		FROM	TO	ODOMETER READING+		NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE @_____¢ PER MILE	
		Point	Point	Start	Finish				

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

_____

_____

_____

_____

_____, _____

Prescribed by State Board of Accounts

General Form No. 350
(Revised 1983)

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			
															EARNED		RECEIVED	
			Issued By	No.				Principal	Accrued Interest	Total Paid		Principal	Interest	Total 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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Prescribed by State Board of Accounts 1964

GENERAL FORM NO. 351

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					
											Date Paid					
											Amount					
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											Amount					
											Date Paid					

Sample

REMARKS

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FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS GENERAL FORM NO. 352 (REV. 1997)

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
100

ON ACCOUNT OF _____

Sample

_____
AUTHORIZED SIGNATURE

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS GENERAL FORM NO. 352 (REV. 1997)

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
100

ON ACCOUNT OF _____

Sample

_____
AUTHORIZED SIGNATURE

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS GENERAL FORM NO. 352 (REV. 1997)

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
100

ON ACCOUNT OF _____

Sample

_____
AUTHORIZED SIGNATURE

(This page intentionally left blank.)

City or Town Form No. 209 (Rev. 1967)
General Form No. 359 (1967)

LEDGER OF APPROPRIATIONS, ENCUMBRANCES, DISBURSEMENTS AND BALANCES

APPROPRIATION NO. _____

OFFICE, DEPT. OR FUND _____ BUDGET CLASSIFICATION _____

Prescribed by State Board of Accounts

	MO	DAY	DESCRIPTION	PURCHASE ORDER NUMBER	✓	PURCHASE ORDERS ISSUED	PURCHASE ORDERS PAID	PURCHASE ORDERS BALANCE	WARRANT NUMBER	DISBURSEMENTS APPROP-RIATION	DISBURSEMENTS DISBURSE-MENTS	DISBURSEMENTS APPROP. BALANCE	

Sample

(This page intentionally left blank.)

ACCOUNTS PAYABLE VOUCHER REGISTER

_____
Governmental Unit

_____
Agency

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.

For Period _____, ____ to _____, _____

Page _____ of _____ Pages

Prescribed by State Board or 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

General Form No. 369 (2003)

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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28														
29														
30														

Sample

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Prescribed by State Board of Accounts

General Form 370 (1997)

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

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(2/93) Form 236

UNIFORM CONFLICT OF INTEREST DISCLOSURE STATEMENT

Indiana Code 35-44-1-3

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 who is under the direct or indirect administrative control of the public servant; or receives a contract or purchase order that is reviewed, approved, or directly or indirectly administered by the public servant. "Dependent" means any of the following: the spouse of a public servant; a child, stepchild, or adoptee (as defined in I.C. 31-3-4-1) of a public servant who is unemancipated and less than eighteen (18) years of age; and any individual more than one-half (□) of whose support is provided during a year by the public servant.

The foregoing consists only of excerpts from I.C. 35-44-1-3. Care should be taken to review I.C. 35-44-1-3 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):

   _____

   _____

   _____

   _____

   _____

Sample

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 35-44-1-3; 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 Date of Action on Contract or Purchase

10. **Affirmation of Public Servant:** This disclosure was submitted to the governmental entity and accepted by the governmental entity in a public meeting to 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: _____

Within 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, 46204-2738 and the Clerk of the Circuit Court of the county in which the governmental entity executed the contract or purchase. A copy of this disclosure will be forwarded to the Indiana State Ethics Commission.

Sample

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

(This page intentionally left blank.)

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

Sample