APPENDIX

Form SA-1	Purchase Order Accounts Payable Voucher
Form SA-2	Check
Form SA-3	Receipt
Form SA-4	Ticket Sales
Form SA-5-1	Financial Report
Form SA-5-2	
Form SA-5-3	Detail or Receipts and Expenditures
Form SA-5-4	Bond of School Treasurer/Certificate of School Treasurer/Principal
Form SA-6	School Extra-Curricular Account
Form SA-7	
Form SA-8	
Form SA-9	Accountable items Review
General Form 101	
General Form 350	Register of Investments
General Form 370	Receipt Register

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

			No	
	SCHOOL EXTRA-CU	JRRICULAR ACCOUN	NT.	
PAID BY CHECK: No	Date	DATE _		
Purchased From Address Purchased For				
Deliver To Send Invoice To				
TO THE DISBURSI	NG OFFICER:			
The following	expense is proposed, payable from the	>		Fund.
	bill to be properly itemized must show: y, number of hours, rate per hour, numb			ice rendered, by
Quantity	Description	Unit	Price	Total
		Total This Order		
Signed:Pers	son Authorized to Purchase	I nereby certify that there applicable fund sufficient to Date:	o pay the above o	

Treasurer

Signed: _____

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

		YABLE VOUCHER ving Copy)	No	
	SCHOOL EXTRA-CU	JRRICULAR ACCOUN	IT	
PAID BY CHECK:	Date	DATE		
Purchased From Address Purchased For Deliver To Send Invoice To				
TO THE DISBURSING	G OFFICER:			
The following ex	pense is proposed, payable from the			_ Fund.
An invoice or bil	o be made for this order until the SA- I to be properly itemized must show: number of hours, rate per hour, numb	kind of service, where perfo	ormed, dates serv	
Quantity	Description	Unit	Price	Total
		Total This Order	r	
Signed:Person	n Authorized to Purchase	I hereby certify that there applicable fund sufficient to Date:	n nav the ahove o	d balance in the
(are) true and correct	e attached invoice(s), or bill(s), is and that the materials or services which charge is made were received except.	-	Treasurer	

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(File Copy)

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK: No. Purchased From Address Purchased For Deliver To Send Invoice To	Date		DATE			
TO THE DISBURSI	NG OFFICER:					
The following	expense is proposed, payable from the	9			Fund.	
No payment	is to be made for this order until the SA-	-1 Form is p	operly filed and	the items have b	peen received.	
	bill to be properly itemized must show: y, number of hours, rate per hour, numb				rvice rendered, by	
Quantity	Description		Unit	Price	Total	
			Total This Order	·		
Signed:Per	son Authorized to Purchase		certify that there		ted balance in the corder	
I hereby certify that (are) true and corre- itemized thereon ordered and receive	Treasurer I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.					
Date:		Date: _		,		
Signed:	Signature		т	Freasurer		

Prescribed Form SA 2 (Rev 1970)

CHECK

	HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING
PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)									SA-2 (Rev. 1970)		
SCHOOL EXTRA-CURRICULAR ACCOUNT (NAME OF SCHOOL) No.											
	Purpose _ P.O. No Claim No.		Pay to the order of				 ,				
Payable at (Bank)					Transit	Dollars					
	Superintendent or Principal Treasurer SPACE FOR M.I.C.R.										

ORIGINAL

WORKED PAY WITH	PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING						
ESCRIBED BY STATE BOA	FORM No.	SA-2 (Rev. 1970)						
SCHOOL EXTRA-CURRICULAR ACCOUNT (NAME OF SCHOOL) No.								
Fund	 Pay to the		, Indiana		 \$	······································		
Payable at (Bank)					D	oollars		
			NON - NEGOTIABLE SPACE FOR M.I.C.R.					

DUPLICATE

RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT

		SCHOOL	No		
	, IN	,			
		Payment Ty	pe and Amount Credit Card/	l	1
	Cash Check/Draft Amount	MO Amount	Bank Card Amount	EFT Amount	Other
DECEIVED EDOM			Φ		
RECEIVED FROM		<u> </u>	\$		
THE SUM OF		<u>/ </u>		OLLARS	
FOR DEPOSIT TO THE CREDIT OF			F	UND	
SOURCE	(Activity)				
)	TREA	ASURER		
	ORIGINAL				
Prescribed by State Board of Accounts			Form No	o. SA-3 (Re	vised 1997)
SCHOOL	RECEIPT EXTRA-CURRICULAR ACC	DUNT			
		SCHOOL			
			No.		
	, IN				
	Cash Check/Draft	Payment Ty MO	rpe and Amount Credit Card/ Bank Card	EFI	
	Amount Amount	Amount	Amount	Amount	Other
			<u> </u>		
RECEIVED FROM		<u> </u>	\$		
THE SUM OF				OLLARS	
FOR DEPOSIT TO THE CREDIT OF			F	UND	
SOURCE	(Activity)				
		TREA	ASURER		

DUPLICATE

TICKET SALES

DATE ACTIVITY
TICKETS KIND ISSUED RETURNED SERIAL NO. AMT. SERIAL NO. AMT. SOLD TOTAL AMOUNT SALES Made by (Title) Verified and Approved by (Official or Sponsor) ORIGINAL (Form SA-4) Prescribed by State Board of Accounts TICKET SALES SCHOOL GAME OTHER TOWN OR CITY DATE ACTIVITY TICKETS KIND ISSUED RETURNED TICKETS PRICE AMOUNT
SSUED RETURNED TICKETS PRICE AMOUNT SALES
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Made by Verified and Approved by (Official or Sponsor) ORIGINAL (Form SA-4) Prescribed by State Board of Accounts No TICKET SALES SCHOOL TOWN OR CITY GAME DATE OTHER ACTIVITY TICKETS KIND ISSUED RETURNED TICKETS PRICE AMOUNT
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(Title) (Official or Sponsor) ORIGINAL (Form SA-4) Prescribed by State Board of Accounts No
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TICKET SALES
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KIND ISSUED RETURNED TICKETS PRICE AMOUNT
KIND ISSUED RETURNED TICKETS PRICE AMOUNT
SERIAL NO. AMT. SERIAL NO. AMT. SOLD SALES
TOTAL
Made by Verified and Approved by

DUPLICATE

FINANCIAL REPORT SCHOOL EXTRA-CURRICULAR ACCOUNT

School	
SCHEDULE OF BALANCES	
RECEIPTS AND EXPENDITURES OF	=
SCHOOL EXTRA-CURRICULAR ACCOL	JNT

From			,	
Tο				

NAME OF FUND	BALANCE BEGINNING OF PERIOD 1		RECEIPTS DURING PERIOD 2	EXPENDITURE 3	S	BALANCE END OF PERIOD 4	<u> </u>
	\$		\$	\$		\$	_
		4					
		\langle					
		\Box					
	5						_
-							
TOTAL ALL FUNDS	\$		\$	\$		\$	

CASH RECONCILEMENT

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

OUTSTANDING CHECKS

DATE NUMBER AMOUNT DATE NUMBER AMOUNT

\$ BROUGHT FORWARD \$

CARRIED FORWARD \$

TOTAL \$

DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

		 FUND	
	RECEIPTS		

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

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

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

The bank in which a	Il moneys of this account are deposited is:
	Name of Bank
	Location of Bank
Dete calcal officially along	
Date school officially close	d,
	BOND OF SCHOOL TREASURER
Name of Surety Amount of Bond \$ Date of Expiration	
CERTIR	TCATE OF SCHOOL TREASURER/PRINCIPAL
I,	, Treasurer, School Extra-Curricula
Account, hereby certify tha of my knowledge and belie	at the foregoing report of the said account is true and correct to the best of the foregoing report of the said account is true and correct to the best of the foregoing report of the said report have been filed with the to receive copies of said report.
	Treasurer
	Principal
COPIES TO BE FILED AS	FOLLOWS:
Township School:	1 copy to Township Trustee 1 copy to County Superintendent
School Corporation:	copy to Board of School Trustees or Board of School Commissioners copy to Superintendent of Schools

Prescribed by State Board of Accounts Form SA-6 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT

FUND	NO.
I CIND	INO.

DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1							1
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27					┨────╟		27
28					╂────╟		28
29 30	 				┃		30

Date _____, ____

Treasurer

CLAIM FOR PAYMENT

		CLAIM FOR PATIMENT			
				No	
	SCHOOL	EXTRA-CURRICULAR	ACCOUNT		
PAID BY CHECK:	Date	,	DATE _		
Purchased From Address Purchased For Delivered To					
Invoice Handed To					
TO THE DISBURSING	OFFICER:				
The following ex	pense is proposed, payable t	from the		Fund.	
No payment is to	be made for this order until	the SA-7 Form is properly filed	and the items have	been received.	
	to be properly itemized musturs, rate per hour, number of	t show: kind of service, where punits, price per unit, etc.	performed, dates se	rvice rendered,	by whom, rates
Quantity	De	scription	Unit	Price	Total \$
			Total This Order		\$
					<u> </u>
		Approved for	Payment	Signatu	re
		r bill(s), is (are) true and correct d except			
Date		Signed:	S	ignature	
I hereby certify the 10-1.6.	hat the attached invoice(s), o	r bill(s), is (are) true and correct	t and I have audited	same in accord	dance with IC 5-11-

Date:	SUMMARY COLLECTION FORM	NUMBER
		School
Deposit To:(f	Time Frame of Fund)	draiser:
Reason for Receipts:	(Fundraiser, Field Trip	.)
Sponsor:(P	Please Print Name)	le:
RECEIPT DETAIL:		
CASH:		
Coin:		
CHECKS:	(See Detail Below)	
Money Orders: TOTAL:	(See Detail Below)	
NOTE: All receipts for depo	osit must be accurately counted before turning in y will be returned. Please face bills and roll ch	n to the Treasurer. Any summary
found to have a discrepance Curricular Treasurer is to proturned in.	y will be returned. Please face bills and roll choosing an Official Receipt Form SA-3, at the time	nange when possible. The Extra- e the Summary Collection Form is
	CURATELY ACCOUNTED FOR ALL FUNDS	
	Representative, Name is Printed Above)	

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

Number	<u>A m ount</u>	<u>Number</u>	<u>A m ount</u>	<u>Number</u>	<u>A m ount</u>	<u>Number</u>	<u>A m ount</u>
Subtotal	\$	Subtotal	\$	Subtotal	\$	Subtotal	\$

Amount From Additional Sheets

\$

Grand Total

\$ _____

Date:	ACCOUNTABLE ITEMS REVIEW	Number:
		School
Time Frame of Report:	DESCRIPTION	4 :
Beginning Inventory		<u>—</u>
Purchases		
Subtotal		<u>—</u>
Complimentary Distributions Per School Board Policy:		
Athletic Teams	- 	
Staff Meetings		
Awards		
Other		
Total Total Eligible for Sale		
Ending Inventory)
Items Sold		
Sale Price	\$	
Projected Revenue (Items Sold @	② Sale Price)	\$
Actual Amount Received		\$
Difference		\$
Signed:	Title:	

(GOVERNMEN (OFFICE, BOARD, D			то					
				-				
DATE	EPARTMENT OR INSTIT	UTION)	ON ACCOL	JNT OF APP	ROPRIATION NO FOR			
	FROM	ТО	REAL	OMETER DING+		AUTO MILES	MILEAGE @¢	
20	POINT	POINT	START	FINISH	NATURE OF BUSINESS	TRAVELED	PER MILE	
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	AUTO LICENSE NO.	·		· · · · · · · · · · · · · · · · · · ·	TOTALS			
					rmined by fixed mileage or officia			

Claim No	Warrant No	I have examined the within certify as follows: That it is in proper form That it is duly authentice by law. That it is based upon storm. That it is apparently	n. cated as required
•			incorrect.
On Account of Appropriation I	No	forDisbursing	Officer
			ac w
			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
	pard or Commission)		ect; tl was o the rases, e
(BC	FILED		hat the mileage videred by me and ate per mile is in xcept

(Official Title)

Prescribed by State Board of Accounts

General Form No. 350

(1964)

REGISTER OF INVESTMENTS

Fund

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

Date	Nature		SAFEKEEPING	RECEIPT		Rate			AMOUNT	PAI	D	Da	te		AMC	OUNT RECI	FIVED		FΑ	INTE RNED	REST	CEIVE	D
of Purchase	of Investment	Serial No.	Issued By	No.	Maturity Date	of Interest	Maturity Value	Principa	Accru	ed	Total Paid	Sol	d or emed	Principa		Interest	Total	4 [Amount	Date		
Fulchase	invesiment	INO.	issued by	INO.	Date	mieresi	value	Fillicipa	i intere	51	Total Falu	Rede	emed	PHICIPA	aı	interest	Receive	u L	ale	Amount	Date	AIIIO	unt
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Governmental Unit

RECEIPT REGISTER

																											Payr	nent T	ype a											
Dessint	Dessint	Receipt										Cash				Cash Check/Draft							Credit Card/ Bank Card				EFT													
Receipt Date	Receipt Number		Aı	Amount Received From				Fund	Description						asıı Iount				nount	ι		MC Amo	unt			mour		Amount				ı	Oth	er						
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