APPENDIX

EXHIBIT A	Requisition Blank
EXHIBIT B	Purchase Order
EXHIBIT C	Accounts Payable Voucher
EXHIBIT D	
EXHIBIT E	
EXHIBIT FSo	chedule of Payments due School Bus Independent Contractors for Pupil Transportation
EXHIBIT G	
EXHIBIT H	Fund Ledger and Ledger of Receipts
EXHIBIT I	Ledger of Appropriations, Allotments, Encumbrances, Disbursements and Balances
EXHIBIT J	Treasurers Daily Balance of Cash
EXHIBIT k	Store Room Record
EXHIBIT L	
EXHIBIT M	
EXHIBIT N	Employee's Earnings Record
EXHIBIT O	School Corporation Check
EXHIBIT P	
EXHIBIT Q	
EXHIBIT R	Register of investments
EXHIBIT S	Official Receipts – Individual Textbook Rental List
EXHIBIT T	
EXHIBIT U	
EXHIBIT V	
EXHIBIT W	

Date		REQUISITION BLANK		No	
		VER TOAT ITEMS TO BE USED FOR		ate Board of Accounts F	Form No. 500
QUANTIT ORDERED	Y OR UNIT DELIV'D	DESCRIPTION	UNIT PRICE	CHAR AMOUNT	GES ACCT. NO.
					
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PRESCRIBED BY STATE BOARD	O OF ACCOUNTS					GENERAL FORM NO. S	98 (REV. 1998)
		PURCHASE	E ORDER				
NOTE: NO CLAIM WILL BE APPI FOR PAYMENT UNLESS ORIGINA							
OF THIS ORDER OR THE P.O. NU		GOVERNMEN	NTAL UNIT		P.O. NO.		
MADE A PART OF THE CLAIM.					-	This Number must be on Invoice, Claim,	
		ADDRI				and Delivery Memos.	
то		ADDRE	133		DATE		
					-		
ADDRESS					REQ.		
CITY						ORDANCE WITH BID AND ACT DATED	
SHIP TO					CONTINA	ICI DATED	
SHIP VIA						o discount please Invoice or Claim.	
CHARGE TO APPROPRIATION FO	OR			APPROPRIA [*]	TION NUI	MBER	
QUANTITY	UNIT	DESCRIPTION		UNIT P	RICE	AMOUNT	
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			TOTAL AMOUN	IT OF ORDER	\$		
		LIGATED BALANCE IN THIS			DER MUST BE	ACCORDING TO PRICES SHOWN ABOVE	
APPROPRIATION SUFFICIE	NT TO PAY FOR THE	E ABOVE ORDER	-	ORDER BY			-
			-			Title	-
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				c	ERTIFICAT	E NO	
		ORIGINA	AL - VENDOR'S COPY				

Prescribed by State Board of Accounts School Form No. 523 (2006)

ACCOUNTS PAYABLE VOUCHER

	Payee	Division Order	NI-
		Purchase Order	NO
		Terms	
		Date Due	
Invoice Date	Invoice Number	Description (or note attached invision(a) or hill(a))	Amount
Date	Number	(or note attached invoice(s) or bill(s))	Amount
		Tota	1
ere ordered		, or bill(s), is (are) true and correct and that the materials or services itemized the	
		Signature	Title
), or bill(s), is (are) true and correct and I have audited same in accordance with	IC 5-11-10-1.6.
		Treasurer	

WARRANT NO			
			PAYEE
Charge These Appropriation			
<u> </u>			
Account Name	Amount		
0/1			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>
Total			BOARD OF SCHOOL TRUSTEES
	Charge These Appropriation Account Name	Account Name Amount	Charge These Appropriation Account Name Amount

PAYROLL SCHEDULE AND VOUCHER

(Off	ice, Board,	Depa	artment or I , <u>20</u>	Institution) and Endi	 ng			, <u>20</u>			NOTE:	to which ar	n employee n erning body.	night be entit	equal the days of led by law and of ost" column with sich days.	under the leave	policies esta	blished			Page	·	of	Pages _Fund	
					AYS O	R HOURS I	N PERI										EDUCTIO								
								Other	Total									Insuran	ce R	etirement			Amount of		
	Approp No.	· C	1					Leave	Days														Warrant		
	or	0							or Hours	Rate			Fed.	Social		State	County	0	0				(Gross Pay		
	Class	d	Noncash		Sick	Vacation	Lost	d Days		of			W/H	Security	Medicare	W/H	W/H	d	d				Less	Warrant	
NAME OF EMPLOYE	E Title	е	Benefits	Worked	Leave	Leave	Days	e Hours	Paid	Pay	Gross Pay	Total	Tax	Tax	Tax	Tax	Tax	e Amo	unt e	Amount			Deductions)	Number	
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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.

D

EXHIBIT D

PAGE 2

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			Warrant No	Warrant No	Warrant No	Warrant No	Warrant No
			Warrant No	Warrant No	Warrant No	Warrant No	Warrant No
		Disbursing Officer	PAYROLL OF PAYROLL OF (Office, Board, Department or Institution) (Fund) Total Gross Pay DEDUCTIONS Federal WH Tax Social Security Tax Medicare Tax State WHT Tax CAGIT Insurance Retirement	Warrant Noto	Warrant No	Warrant No	Warrant No
		Disbursing Officer	Warrant Noto	Warrant No	Warrant No	Warrant No	Warrant No

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
	the
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 a was necessary to the public business; and that the rate per mile is ir accordance with statutes or governing ordinances, except
(Board or Commission)	
FILED	mileage by me and mile is in

(Official Title)

	(NAME OF SCHOOL CORPORATION	DN)		(Address)	
SC	CHEDULE OF PAYMENTS DUE SCHO FOR PUPIL TR	OL BUS INDEPEI ANSPORTATION	NDENT CON	TRACTORS	
School					
No. of days in period	Period fromto _	, 20_	_ Date of Che	cks	-
Route Number	Name of Contractor	Per Diem Rate	Days Served	Amount of Check	Check Number
			9		
_					

CLAIM NUMBER			Date	exa cor opp sch		of _	8
Check Nosto (Inclusive) SCHEDULE OF PAYMENTS DUE SCHOOL BUS INDEPENDENT CONTRACTORS FOR			œ	examined the service recoperformed the services for contractor listed hereon is opposite the name of eactionschedule totaling \$			I,
(Name of School)				r which being hoon			
Total amount of checks \$				each th the g divi tracto			
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 contracts. Correct. That it is apparently	(Off	(Sig	, 20	examined the service record of each contractor listed on Pages performed the services for which the compensation is to be paid; that to the be contractor listed hereon is being divided or paid to any other person on account opposite the name of each contractor is based upon the contract on file for the schedule totaling \$ is correct and has by me been approved.	(School Corporation)	Name	COUNTY, SS
(Disbursing Officer)	(Official Title)	(Signature)		to st of or route			
Allowed	Title)	ıre)		examined the service record of each contractor listed on Pages		(Title) hereby certify that I have	
(Board or Commission)							

EXHIBIT F
PAGE 2

ACCOUNTS PAYABLE VOUCHER REGISTER

		Governmental Unit		should appear vouchers are a accounts paya	only allow able v	on the final pag ed. (2) The Me ouchers if disall	ge of ea emoran lowed i	ach meeting in wl dum column is fo	of governing board hich accounts payable or entering action on t, if continued to a later ion.		
For Perio	d	Agency , 20 to	, 20					Page	of	Pages	
Prescribed	by State Board or A	Accounts							General Form No. 3	64 (1997)	
T		Ī	OFFICE,					CHECK/			
DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	DEPARTMENT OR FUND	AMOUNT OF VOUCHER	=	AMOUNT ALLOWEI		WARRANT NUMBER	MEMORANI (See Note (2) A		
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DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	OFFICE, DEPARTMENT OR FUND	AMOUNT OF VOUCHER	AMOUN ALLOWE		MEMORANDUM (See Note (2) Above)
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same in a	ccordance with	I nat each of the above liste h IC 5-11-10-1.6.	I ed vouchers and the	e invoices, or bills a	I attached there	eto, are true and cor	rect and I have audited
		,				Fiscal C	Officer
			ALLOWA	ANCE OF VOUCHE	RS		
(IC 5-11-1	0-2 permits th	e governing body to sign	the Accounts Paya	ible Voucher Regis	ter in lieu of s	signing each claim th	ne governing body is allowir
W vouchers	e have examir not allowed as	ned the vouchers listed or s shown on the Register s	n the forgoing accor uch vouchers are a	unts payable vouch allowed in the total	er register, c amount of \$_	onsisting ofpa	ges, and except for
Datad this	s	_day of	_, 20				
Dated tris							

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

20_ MO. D.	RECEIPT OR CHECK AY NUMBER	DESCRIPTION	POSTING REFERENCE		R	ECE	IPTS				DIS	BUR	SEM	ENT	S			BAI	_AN(CE		
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FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS SCHOOL FORM NO. 512 (REV. 2006)

LEDGER OF APPROPRIATIONS, ALLOTMENTS, ENCUMBRANCES, DISBURSEMENTS AND BALANCES

FUND TITLE	FUND NUMBER
FUNCTION	
EXPENDITURE ACCOUNT TITLE	ACCOUNT NUMBER

	20) DAY	DESCRIPTION	OBJECT CODE	PURCHASE ORDER NUMBER	/	ΕN	ICUI			LUE				IASE TED		RDE	RS	ĽΤΔ	NDI	NG	CHECK NUMBER		ΔΝ	IUO							ALLO NTS			LANG	^E		
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EXHIBIT

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 x x x x x 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) Totals Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page) 5 Net Cash on Hand for which Accountable 6 Cash on Hand Close of Day (Per Cash Count): Currency xxxxx Coins xxxxx 9 Checks and Money Orders 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) 14 Total Cash on Hand an in Depository 15 Add Cash Under 16 Deduct Cash Over 17 Total 18 Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page) 19 Proof (Must equal Record Balance Close of Day, Line 3, Col. 6) 20 21 22 23 24 25 26 27 28 29 30 31 32 33 35 36 37 38

EXHIBIT
PAGE 2

			ORDER &		RECEI	IPTS	3			TIV	CODE	1	DIS	BURS	SEME	ENT	S	T				ORDER &		RECE	IPTS	S		UNIT		D	ISBURS	EMEI	NTS	1	
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FORM PRESCRIBED BY STATE	E BOARD OF A	CCOUNTS									FOR	M NO. 51	4 (REV. 200
					TEACH	IER'S SER\	/ICE RE	CORD					
					SCHO	OL YEAR 2	20 2	.0		SOC. SEC. NO			
SCHOOL CORPORATION	N									RETIREMENT NO			
DATE EMPLOYED		_	CONTRACT	· \$	PER DAY \$			ADDRESS					
SCHOOL CORP. OF LAS	T EMPLOYN	MENT			ACCUMUL	ATED SICK LEA	AVE EARNE	ED	CREDIT TO DAT	E (EXCLUDING THIS SCHOO	OL YEAR)		-
PAY PERIOD ENDING MONTH OR OTHER ACCUMULATED LEAVE AVAILABLE SICK AND	BROUGHT I	LOST FORWARD (LEAVE TH	IS SCHOOL	YEAR	\bigcap	PERSONAL OR CIVIC AFFAIRS DAYS USED		GROSS SALARY	BALANCE SICK & QUARANTINE DAYS UNUSED	NAME OF SUBSTITUTE EMPLOYED DURING ABSENCE OF REGULAR TEACHER	NO. OF DAYS EMPLOYED	PE PA	RATE ER DAY AID TO SSTITUTE
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General Payroll Form No. 99A (Rev. 1998)

															(1	Unit)								
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Basis	of Pa	av: (H	r Dav	ı. Wee	ek. Bi-\	Veekl	y, Mor	nth)						ADDF	RESS									ZIP CODE
Date				,,	.,		<i>J</i> ,	,						SOC.	SEC. N	10.				CLASSIFICAT	ION			
			hedule	*										OFFI	CE, BO	ARD OF	R DEPT.			BEGIN. DATE	EMPL.		LEAVE ACC	CRUAL DATE
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* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

Prescribed by the State Board of Accounts

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EXHIBIT N

	Prescribed by State Board of Accounts			Form No. 509 (1967)
			Fund	
				No
	Appr. No. \$\$			
	\$\$	Pay to the		•
	\$	Order of		
				100
		In Payment of Claim No.		
				Treasurer
				Treasurer
	Prescribed by State Board of Accounts			Form No. 509 (1967)
		1015	Fund	
		- 7 1 9 1 1 5		No
	Appr. No. \$	Q/1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	\$ \$			
	\$	Pay to the Order of		\$\$
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		In Dayment of Claim No.		100
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				Dollars 100
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	Prescribed by State Board of Accounts			Form No. 509 (1967)
			Fund	
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		Pay to the Order of		\$\$
				Dollars
		In Payment of Claim No.		100
				Treasurer
	Prescribed by State Board of Accounts			Form No. 509 (1967)
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	\$ 	Order of		
				Dollars 100
		In Payment of Claim No.		
Ī				Treasurer

Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
	PATROLL GREEK	No. P
Fund		
PR Claim No.	Pay to the	
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		Dollars
	Hours Gross Federal Social State Worked Pay With. Tax Security With. Tax	Retire- Insur- ment ance
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Prescribed by State Board of Accounts	SANDI	Form No. 516 (1967)
	BAYROLL CHECK	
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Prescribed by State Board of Accounts		Form No. 516 (1967)
	PAYROLL CHECK	
Fund		No. P
PR Claim No.		
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	Hours Gross Federal Social State	Retire- Insur-
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		Treasurer
Prescribed by State Board of Accounts		Form No. 516 (1967)
	PAYROLL CHECK	
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Prescribed by State Board of Accounts Fund PR Claim No.	Hours Gross Federal Social State Worked Pay With Tax Security With Tax	Retirement Insurance Insurance Treasurer Form No. 516 (1967)
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Prescribed by State Board of Accounts	School City and Town Form	No. 517 (Rev. 1997)
	RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD	
	NO	
(SCHOOL CORPORATION)	Payment Type and Amount	
IN	Cash Check/Draft MO Bank Card FFT	
RECEIVED FROM		\$
THE SUM OF ON ACCOUNT OF	100	DOLLARS
	TREASURER OF SCHOOL BOARD	
Prescribed by State Board of Accounts	School City and Town Form	No. 517 (Rev. 1997)
	RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD	
	NO	
(OCUCO) CORROBATIONI)		
(SCHOOL CORPORATION)	Payment Type and Amount Credit Card/ Cook Check/Dott MO Back Cord	
IN	Cash Check/Draft MO Bank Card EFT 20 Amount Amount Amount Amount Other	
RECEIVED FROM		\$ DOLLARS
THE SUM OF ON ACCOUNT OF	100	DULLARS
	TREASURER OF SCHOOL BOARD	
Prescribed by State Board of Accounts	School City and Town Form	No. 517 (Rev. 1997)
	RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD	
	NO	
(SCHOOL CORPORATION)	Payment Type and Amount Cash Check/Braft MO Bank Card EFT Amount Amount Other	
RECEIVED FROM		\$
THE SUM OF	100	DOLLARS
ON ACCOUNT OF		
	TREASURER OF SCHOOL ROARD	

Prescribed by State Board of Accounts

General Form No. 350
(Revised 1983)

Name of Unit	Fund
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(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

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Date of	Nature of	Serial	SAFEKEEPING I	RECEIPT	Maturity	Rate of	Maturity			MOUNT P Accrued			\dashv	Date Sold	e or			OUNT REC	JΕΙ	VED Total	+	ΕA	RNED	REC		<u>:U</u>
Purchase	Investment	No.	Issued By	No.	Date	Interest	Value	Principa	al	Interest	4	Total Paid	d	Redeer	ned	Principa	al	Interest	t	Receive	d [ate	Amount	Date	Amo	ount
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of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with

a reference to such attached list instead of further itemization.

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Issuing Officer

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CAPITAL ASSETS LEDGER

FUND		
DEPARTME	NT OR BUILDING	

								Amount			Types of	Capital Assets			
	ate		Oi-I		Original	Estimated	Date of	Received on				Improvements Other Than	Machinery	Construction	Total
	of chase	Description of Asset	Serial Number	Location of Asset	Cost of Asset	Life of Asset	Disposal of Fixed Asset	Disposal or Trade in	Land	Infrastructure	Buildings	Other Than Buildings	and Equipment	in Progress	Fixed Assets
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EXHIBIT

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TRANSFER TUITION STATEMENT School Year 2018-2019 Estimated Billing

To:		Corp. No	Corp. name			Coun
From:	Transferor Corporation	Corp. No.	Corp. name			Coun
	Transferee Corporation					
Numb	er Of Days School Was In Session For Pupil A	tendance				
	Kindergarten Elementary Middle/Jr. High Senior High School	% 	Special Program #1 Special Program #2 Special Program #3 Special Program #4	ADM		%
	Total					
	RAL FUND (JULY TO DECEMBER 2018) or ED ARY TO JUNE 2019) OPERATING COSTS ACC				Class of School	
1.	INSTRUCTION - REGULAR AND SPECIAL PR	OGRAMS				
	Accounts 11000 and/or 12000, and 16100 and/o	r 16200 - General/Educati	on Funds Only		\$	$\langle \Delta M \rangle$
2.	SUPPORT SERVICES - ADMINISTRATION					
	Accounts 21800,23120, 23160, 23190,23200 an	d 24000 - General/Educati	on/Operations Funds Only			(I_{-}/I)
3.	SUPPORT SERVICES - ATTENDANCE, HEAL	ΓH, AND GUIDANCE				
	Accounts 21100 through 21700 - General/Educa	ition Funds Only	((_			
4.	SUPPORT SERVICES - OPERATION AND MA				1 UIF	
	Accounts 26000 - General/Operations Funds Or	ıly		_)/((_)/\U	· u	
5.	SUPPORT SERVICES - CENTRAL					
_	Accounts 25000 (Excluding 25191-25196 and 25	5910-25950) -General/Edu	cation/Operations Func			
6.	SUPPORT SERVICES - OTHER					
_	Accounts 22000, 31000 - General/Education/Op	•				
7.	INSTRUCTION - PAYMENTS TO OTHER GOV					
8.	(excluding 17800) above paid from General/Education TOTAL OPERATING COSTS Lines 1 through			onate class of school		
о.	TOTAL OPERATING COSTS LINES I UITOUGH	7 - General/Education/Op	erations rund Omy		\$	
			TRANSPORTATION			
NOTE:	Transportation expenses can be included in the	Transfer Tuition Statement	ONLY in instances where the	ne transferred students are	furnished transportatio	n by the
school	corporation to which they are transferred and the	re is a written transportatio	n agreement between the tra	ansferor and transferee scl	hool corporations.	
Costs	of Transportation Fund - Accounts 27000 (except	27400) (Transportation/O	perations Funds)	\$		
Total n	number of Pupils Transported					
Cost p	er pupil transported.			\$		
AMOU	INT DUE FOR TRANSPORTATION Cost per pupil (above) divided by numbers of da /	ys school was in session e	quals cost per pupil day:			
	Cost per pupil day multiplied by total days transp					

Approved by State Board of Accounts School Form 515 Revised October 2019

Class of School _

STATEMENT OF ENROLLMENT, TRANSPORTATION AND ATTENDANCE

	Date of		Date First	Date Last	Fall # Days	Spring # Days	Included in	Included in	Days Provided Transportation	Days Provided Transportation	Student Count by Category	Voc. Ed. Additional
Name of Pupil Transferred	Birth	Grade	Enrolled	Enrolled	Enrolled	Enrolled	Fall ADM	Spring ADM	in Fall	in Spring	(See Below)	Pupil Count
									1-//-			
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							M	1-11	1 1 1 - /	1		
						1		1-11		7		
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					No. 10. 100							
				-								
Totals	XXX	XXX	XXXXX	XXXXX			XXXXX				XXXXXX	

A. Severe Disabilities

SPECIAL EDUCATION CATEGORIES

B. Mild and Moderate Disabilities C. Communication Disorders (duplicated count)

(NOTE: Types A and B are unduplicated counts)

Page 2 of 4

	Class of School		
	Total pupil days enrolled divided by the number of day half time pupil equivalent. — + = — =	ays school was in sessi	on for Fall pupil attendance equals
	Total pupil days enrolled divided by the number of day half time pupil equivalent. + _ = =	ys school was in sessic	on for Spring pupil attendance equals
	3 =	Full time pupil equivaler	nt
3.	Total Operating Costs (from Fall line 8, page 1) divid	ed by Pupil Enrollment	equals Per Capita Cost
	+=	\$	
	Total Operating Costs (from Spring line 8, page 1) di	vided by Pupil Enrollme	ent equals Per Capita Cost
	÷=	\$	
	Total Operating Costs (from line 8, page 1) divided by F	·	Per Capita Cost
	3. ÷ =		
	Line B1 Line B2	Total Per Capita C	Cost
; .	Per Capita Cost (Section B) multiplied by full time pupil X =	equivalent (Section A) 6	equals Gross Amount due for Operating.
		Ψ	
	Line B3 Line A3		
) .	LINE B3 Line A3 LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the A Public School Corporations)		
D .	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the A		
D .	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the A Public School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3	ccounting and Uniform	Compliance Guidelines Manual for Indiana
	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the A Public School Corporations) Fall and Spring	ccounting and Uniform	Compliance Guidelines Manual for Indiana Spring
1 2 3	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the A Public School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7	Fall \$ \$ \$ \$	Compliance Guidelines Manual for Indiana Spring
1 2 3 4	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the A Public School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under IC 20-43	Fall \$	Compliance Guidelines Manual for Indiana Spring
1 2 3	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the A Public School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7	Fall \$ \$ \$ \$	Compliance Guidelines Manual for Indiana Spring
1 2 3 4 5	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under I.C 20-43 Revenue under I.C. 20-45-7 & 8	Fall \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Compliance Guidelines Manual for Indiana Spring
1 2 3 4 5 6	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under I.C 20-43 Revenue under I.C. 20-45-7 & 8	Fall \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Spring + \$
1 2 3 4 5 6	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under IC 20-43 Revenue under I.C. 20-45-7 & 8 Operations Fund Excise revenue I.C. 20-26-11-13 (b)	Fall \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Compliance Guidelines Manual for Indiana Spring + \$ = \$ Sec. D Total 1-6 \$
1 2 3 4 5 6	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under I.C 20-43 Revenue under I.C. 20-45-7 & 8 Operations Fund Excise revenue I.C. 20-26-11-13 (b) Net Amount Due for Operating (Section C Minus Section	Fall \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Compliance Guidelines Manual for Indiana Spring + \$ = \$ Sec. D Total 1-6 \$
1 2 3 4 5 6	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under IC 20-43 Revenue under I.C. 20-45-7 & 8 Operations Fund Excise revenue I.C. 20-26-11-13 (b) Net Amount Due for Operating (Section C Minus Section Net Amount Due for Transfer Tuition - Operating (E)	Fall \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Spring + \$ = \$ Sec. D Total 1-6 \$
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1 2 3 4 5 6	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under I.C 20-43 Revenue under I.C. 20-45-7 & 8 Operations Fund Excise revenue I.C. 20-26-11-13 (b) Net Amount Due for Operating (Section C Minus Section Net Amount Due for Transfer Tuition - Operating (E) Net Amount Due for Transfer Tuition - Special Equipment Amount Due for Transfer Tuition and Transpectation Constitution Constitut	Fall S S S S S S S S S S S S S S S S S S	Spring
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1 2 3 4 5 6	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under IC 20-43 Revenue under I.C. 20-45-7 & 8 Operations Fund Excise revenue I.C. 20-26-11-13 (b) Net Amount Due for Operating (Section C Minus Section Net Amount Due for Transfer Tuition - Operating (E) Net Amount Due for Transfer Tuition - Special Equipment Amount Due for Transfer Tuition - Special Equipment Amount Due for Transfer Tuition - Special Equipment Amount Due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportation (Income Bottom page TOTAL net amount due for Transfer Tuition and Transportati	Fall S S S S S S S S S S S S S S S S S S	Spring
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1 2 3 4 5 6	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under IC 20-43 Revenue under I.C. 20-45-7 & 8 Operations Fund Excise revenue I.C. 20-26-11-13 (b) Net Amount Due for Operating (Section C Minus Section Net Amount Due for Transfer Tuition - Operating (E) Net Amount Due for Transfer Tuition - Special Equipme Net Amount Due for Transfer Tuition - Special Equipme Total net amount due for Transfer Tuition and Transportation Less Quarterly Payments: Date First Quarter Second Quarter Third Quarter	Fall S S S S S S S S S S S S S S S S S S	Spring
2 3 4 5	LESS the following state or local distributions that are constudent(s) is included: (Refer to the instructions in the Alpublic School Corporations) Fall and Spring Basic Tuition Support under I.C. 20-43-6-3 Fall only Honors Diploma under I.C. 20-43-10-2 Special Education Grant under I.C. 20-43-7 Career and Technical Education under IC 20-43 Revenue under I.C. 20-45-7 & 8 Operations Fund Excise revenue I.C. 20-26-11-13 (b) Net Amount Due for Operating (Section C Minus Section Net Amount Due for Transfer Tuition - Operating (E) Net Amount Due for Transfer Tuition - Special Equipment Amount Due for Transfer Tuition - Special Equipment Amount Due for Transfer Tuition and Transportation (from Bottom page TOTAL net amount due for Transfer Tuition and Transportation Calculated Payments: Date First Quarter Second Quarter Third Quarter	Fall S S S S S S S S S S S S S S S S S S	Spring

Note: Student must have been included in the Fall count in order for these figures to be a part of the calculation. Grant amount should represent a fiscal year.

Class of School						
l,		Treasur	er of			
School Corporation,	County, Indiana,	hereby certifie	es that the cos	st of this corporat	ions special equ	uipment is as follows:
A	В	С	D	E	F	G
		J		-		
	Original	Year	Est.	Annual	Number	Special Equip.
Description	Cost	Pur.	Life	Allocated	of	Cost for Student
				Cost	Students	Named on Pg 2
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Total Special Equipment Costs						\$0.00
further certify that the within named students v	vere lawfully transfe	rred to the abov	e named corpo	ration; that the trans	sters were issued	
by the proper legal offers of:						
		(transferring co	-			County, Indiana; or in
nstance of a cash transfer; authorized by			, residing at			addr
as the parent or other person responsible for su	ich transfer tuition; d	or in the Instanc	e of lawfully pla	ced students under	IC 20-26-11 that	
he transfers were issued by the proper legal of	ficer of				0	
					_County.	
Also that the foregoing statements of the section	ottondonest	foduostian arm	t of transment-#	on omoust due for	tuition openint d	to for transporation of children
Also that the foregoing statements of transfers,			•		ıuıuon, amouni di	ie ioi transporation di children V
by law were furnished transportation by this sch	iooi corporation is tr	ue anu correct,	as i veilly belle	ve.		
Data:	20		(Qianad)			
Date:	, 20		(Signed)		Treasurer	
					rreasurer	

Governmental Unit

RECEIPT REGISTER

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EXHIBIT

School Form No. 521 / 2020

SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR CURRICULAR MATERIAL ASSISTANCE AND OTHER ASSISTANCE

Effective July 1, 20____- One Application per **Household**

Part 1. Names of <u>all</u> household members (First, Middle Initial, Last)	Living with parent or caretaker relative?	Only for students: Name of each child's school building	Stud Yes o	ent? or No	Only for students: Grade	Only for students: Birthdate	Check if a Foster child	Check if Homeless, Migrant, Runaway	Check if no income
	Yes No		Yes	No					
	Yes No		Yes	No					
	Yes No		Yes	No					
	Yes No		Yes	No					
	Yes No		Yes	No					
	Yes No		Yes	No					
	Yes No		Yes	No					
	Yes No		Yes	No					
	Yes No		Yes	No					
		If ALL children	listed abov	e are foster	children, ski	p to Part 5 a	nd sign.		

Part 2. If any member of your household (stud	dent, adult or non-stu	dent) has a va	alid Food Stamp (SNA	P) or	TAN	NF c	ase	numl	ber,	plea	se pr	ovide th	ne name of	f
the person who receives benefits, check the box	x indicating the bene	fit program, ar	nd enter the case num	ber, t	hen	skip	to F	art 5	5. If r	no or	ne re	ceives t	hese	
benefits, skip to Part 3.														
Name:	Food Stamp	TANF	Case Number:		1	1	1	1	1	1	1	1		

Part 3. If any child you are applying for is migrant, homeless, or runaway, check the appropriate box and call

at

Part 4.	Section 2 TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). LIST ALL INCOME ON THE SAME LINE AS THE PERSON WHO RECEIVES IT. CHECK THE BOX FOR HOW OFTEN IT IS RECEIVED. RECORD EACH INCOME ONLY ONCE. GROSS INCOME and HOW OFTEN IT WAS RECEIVED Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly																		
Section 1 Name of Household Member (First and Last)	Earnings from Work	Weekly	Every 2	Twice A	Monthly	Public Assistance/ Child Support/ Alimony	Weekly			Monthly		Weekly	Every 2	Monthly	All Other Income	Weekly	Every 2	Twice A] Monthly
Example: Jane Smith	\$ 200		X			\$ 150	X			Ц	\$ 100			X	\$ 50				\boxtimes
1.	\$					\$					\$				\$				
2.	\$					\$					\$				\$				
3.	\$					\$					\$				\$				
4.	\$					\$					\$				\$				
5.	\$					\$					\$				\$				
6.	\$					\$					\$				\$				

EXHIBIT W

Part 5. Do you want to receive Curricular Mat	erial assistance? Yes No								
my right of confidentiality for this purpose only. Tourricular materials. The application information 33-5-2 and I.C. 12-14-28-2, solely for purposes of who may qualify for free or low-cost health insur	rizes the release of information on this application he application may be subject to audit by the Stamay be shared with the Indiana Family and Social complying with 45 C.F.R. PARTS 260 AND 265 ance under Medicaid or Hoosier Healthwise. I cent authorize the release of information for the pure	ate of Indiana to determine student eligibility for all Services Administration pursuant to I.C. 20- 5 and for the purpose of identifying children rtify that I am the parent/guardian of the							
outlined in the application. (Printed name)	XXX-XX (last 4 digits of social s	School Use Only: Approved Denied Not applicable							
(Signature of adult completing the form)	(Today's date)	ecurity number)							
or disability.	uestion. No child will be discriminated against bed	cause of race, color, sex, national origin, age,							
Race (check one or more) : Y Asian Y Black or African American	Mark one ethnicity: Υ Hispanic or Latino Υ Not Hispanic or Latino								
Υ American Indian or Alaska Native Υ Native Hawaiian or Other Pacific Islander Υ White									
Part 8. For information about Hoosier Healthwise health insurance, call 1-800-889-9949.									
FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE									
INCOME CONVERSION to YEARLY:	WEEKLY INCOME X 52								
EVERY 2 WEEKS X 26	TWICE A MONTH X 24	MONTHLY INCOME X 12							

ELIGIBILITY DETERMINATION

per: Y Weekly Y Every 2 Weeks Y Monthly

Y Twice a Month Y Yearly

Total Income:\$

Eligibility Determination: Y Approved Free Y Approved Reduced Price • Denied Reason for Denial: Y Income Too High Y Incomplete Application Y Other(Reason) Signature of Determining Official:Date:	
VERIFICATION	
Confirmation Review Official: Approval Based on: Food Stamps//TANF Case Number NO change Income: Income:	e Notice of Change Sent
Date Response due from Households: Date Second Notice Sent (or N/A): Household Size and Income Free to Reduced Household Size Change in Food Stamps/TANF Free to Paid Date	e Change Made:
Reduced to Free Did not respond Reduced to Paid Other	
Request for appeal Verifying Official's Signature Date Hearing Requested: Signature date: Hearing Decision: Signature date:	

Use of Information Statement: This explains how we will use the information you give us.

Income Eligibility: Total Household Size:

The information contained in the application will be used to determine eligibility for curricular materials assistance under Indiana Code 20-33. You do not have to provide the information, but if you do not, we cannot approve your child for curricular materials assistance. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for the State of Indiana school curricular materials program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.