

APPENDIX

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EXHIBIT D	Payroll Schedule and Voucher
EXHIBIT E	Mileage Claim
EXHIBIT F	Schedule of Payments due School Bus Independent Contractors for Pupil Transportation
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EXHIBIT P	Payroll Check
EXHIBIT Q	Receipt office of Treasurer of School Board
EXHIBIT R	Register of investments
EXHIBIT S	Official Receipts – Individual Textbook Rental List
EXHIBIT T	Capital Assets Ledger
EXHIBIT U	Transfer Tuition Statement
EXHIBIT V	Receipt Register
EXHIBIT W	Community Eligibility Provision

Date _____

REQUISITION BLANK

No. _____

PLEASE FURNISH AND DELIVER TO _____ AT _____

BUILDING THE FOLLOWING ITEMS TO BE USED FOR _____

Prescribed by State Board of Accounts Form No. 500

[illegible]

AUTHORIZED BY

ORDERED BY

GOODS RECEIVED BY

EXHIBIT A

PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 98 (REV. 1998)

PURCHASE ORDER

**NOTE: NO CLAIM WILL BE APPROVED
FOR PAYMENT UNLESS ORIGINAL COPY
OF THIS ORDER OR THE P.O. NUMBER IS
MADE A PART OF THE CLAIM.**

GOVERNMENTAL UNIT

P.O. NO.

**This Number must be on Invoice, Claim,
and Delivery Memos.**

ADDRESS

TO

DATE _____

ADDRESS

REQ.

CITY

**IN ACCORDANCE WITH BID AND
CONTRACT DATED**

SHIP TO

If subject to discount please
indicate on Invoice or Claim.

CHARGE TO

APPROPRIATION FOR**APPROPRIATION NUMBER**[illegible]

TOTAL AMOUNT OF ORDER - - - -	\$
-------------------------------	----

\$

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

ORDER BY

Title

FEDERAL EXCISE TAX EXEMPT

INDIANA RETAIL TAX EXEMPT

CERTIFICATE NO. _____

ORIGINAL - VENDOR'S COPY

ACCOUNTS PAYABLE VOUCHER

_____ SCHOOL CORPORATION _____, Indiana

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

[illegible]

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

_____, 20

Signature

Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

_____, 20

Treasurer

VOUCHER NO. _____ WARRANT NO. _____

PAYEE

Charge These Appropriation

[illegible]

We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of

\$ _____

APPROVED _____, 20

BOARD OF SCHOOL TRUSTEES

PAYROLL SCHEDULE AND VOUCHER

(Office, Board, Department or Institution)

For Period Beginning _____, 20____ and Ending _____, 20____

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
Fund _____[illegible]

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.

Agency

\$_____ is correct and has by me been approved.

This is in proper form.

contract.

- statutory authority.

correct.

incorrect.

Disbursing Officer

Warrant No. _____ to _____
(Inclusive)

(Office, Board, Department or Institution)

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 _____ 20

In the Sum of \$ _____

Official Title

[illegible]

Total Gross Pay
FILED

TO _____

(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

ON ACCOUNT OF APPROPRIATION NO. _____ FOR _____

Date _____

Claim No. _____ Warrant No. _____

IN FAVOR OF

\$ _____

On Account of Appropriation No. _____ for

Allowed _____, 20____

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

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

(Address)

No. of days in period _____ Period from _____ to _____, 20____ Date of Checks _____

[illegible]

STATE OF INDIANA, _____ COUNTY, SS:

I, _____, _____
Name (Title)
of _____
(School Corporation)
hereby certify that I have

examined the service record of each contractor listed on Pages _____ to _____ of this schedule; that each contractor has performed the services for which the compensation is to be paid; that to the best of my knowledge and belief no part of the compensation of any contractor listed hereon is being divided or paid to any other person on account of or by reason of his employment; that the compensation listed opposite the name of each contractor is based upon the contract on file for the route listed and is justly due each such contractor; that this schedule totaling \$ _____ is correct and has by me been approved.

Date _____, 20 ____

(Signature)

(Official Title)

CLAIM NUMBER _____

Check Nos. _____ to _____
(Inclusive)

SCHEDULE OF PAYMENTS DUE SCHOOL
BUS INDEPENDENT CONTRACTORS FOR

(Name of School)

Total amount of checks \$ _____

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.

That it is apparently $\left\{ \begin{array}{l} \text{correct.} \\ \text{incorrect.} \end{array} \right.$

(Disbursing Officer)

Allowed _____, 20 ____

In the sum of \$ _____

(Board or Commission)

SAMPLE

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 _____, 20__ to _____, 20__

Page _____ of _____ Pages

Prescribed by State Board or Accounts

General Form No. 364 (1997)

[illegible]

SAMPLE

_____, 20____

Dated this _____ day of _____, 20__.

SIGNATURES OF GOVERNING BOARD

RECEIPT ACCOUNT NUMBER _____

[illegible]

EXHIBIT H

ACCOUNT NUMBER _____

EXHIBIT I

EXHIBIT J
PAGE 1

		Balance From The Previous Day 1	Receipts For The Day 2	Investments Purchased For The Day 3	Disbursements For The Day 4	Investments Cashed For The Day 5	Balance Close of Day 6	
1	Ledger Balance - Cash Funds			x x x x x		x x x x x		
2	Investments From Ledger Funds		x x x x x		x x x x x			
3	Totals							
	NAMES OF DEPOSITORIES	Depository Balances Previous Day 1	Deposits During Day Ledger Funds 2	Investments From Deposi- tory Balances Cashed-Cost 3	Warrants Issued During Day Ledger Funds 4	Investments From Deposi- tory Balances Purchased-Cost 5	Depository Balances Close of Day 6	
4A								
4B								
4C								
4D								
4E								
4F								
4G								
4H								
4I								
4J								
5	Total Depository Balances							
	INVESTMENTS - (Listed by Funds as Shown in Investment Register)	Investment Balances Previous Day 1		Investments Purchased- Cost 3		Investments Cashed-Cost 5	Investment Balances Close of Day 6	
6A			x x x x x		x x x x x			
6B			x x x x x		x x x x x			
6C			x x x x x		x x x x x			
6D			x x x x x		x x x x x			
6E			x x x x x		x x x x x			
6F			x x x x x		x x x x x			
6G			x x x x x		x x x x x			
6H			x x x x x		x x x x x			
6I			x x x x x		x x x x x			
6J			x x x x x		x x x x x			
7	Depository Balances Invested		x x x x x		x x x x x			
8	Total Investments		x x x x x		x x x x x			
9	Totals - Depositories and Investments		x x x x x		x x x x x			

DEPOSITORIES AND INVESTMENTS

DATE _____ 20____

	Column 1					Column 2					
Cash on Hand Beginning of Day (Line 11, preceding page)						x	x	x	x	x	1
Add Receipts for the Day (Line 1, Col. 2, opposite page)						x	x	x	x	x	2
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)						x	x	x	x	x	3
Totals						x	x	x	x	x	4
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)						x	x	x	x	x	5
Net Cash on Hand for which Accountable						x	x	x	x	x	6
Cash on Hand Close of Day (Per Cash Count):											7
Currency		x	x	x	x						8
Coins		x	x	x	x						9
Checks and Money Orders		x	x	x	x						10
Total Cash on Hand Close of Day		x	x	x	x						11
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)		x	x	x	x						12
Net Cash on Hand (After Deducting Advances)		x	x	x	x						13
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)		x	x	x	x						14
Total Cash on Hand an in Depository		x	x	x	x						15
Add Cash Under		x	x	x	x						16
Deduct Cash Over		x	x	x	x						17
Total		x	x	x	x						18
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)		x	x	x	x						19
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)		x	x	x	x						20
											21
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											36
											37
											38

E X H I B I T J
P A G E 2

Prescribed by State Board of Accounts

State Board of Accounts

Store Room Record

Form 513

[illegible]

EXHIBIT K

(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	16 31	REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE			
																	EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION		
BALANCE BROUGHT FORWARD FROM LAST YEAR -----																										
JAN.																										
FEB.																										
MAR.																										
APR.																										
MAY																										
JUNE																										
JULY																										
AUG.																										
SEPT.																										
OCT.																										
NOV.																										
DEC.																										

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.

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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. 1985)

		DATE OF WARRANT	PAYROLL PERIOD ENDING	C o d e	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS										AMOUNT OF WARRANT		WARRANT NUMBER
								FEDERAL WITH. TAX	SOCIAL SECURITY	STATE 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																		

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Prescribed by State Board of Accounts	Form No. 509 (1967)	
	_____ Fund	No. _____
	Appr. No. _____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
	Pay to the Order of _____ \$ _____	
	_____ Dollars	
	In Payment of Claim No. _____	
	_____ Treasurer	
Prescribed by State Board of Accounts	Form No. 509 (1967)	
	_____ Fund	No. _____
	Appr. No. _____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
	Pay to the Order of _____ \$ _____	
	_____ Dollars	
	In Payment of Claim No. _____	
	_____ Treasurer	
Prescribed by State Board of Accounts	Form No. 509 (1967)	
	_____ Fund	No. _____
	Appr. No. _____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
	Pay to the Order of _____ \$ _____	
	_____ Dollars	
	In Payment of Claim No. _____	
	_____ Treasurer	
Prescribed by State Board of Accounts	Form No. 509 (1967)	
	_____ Fund	No. _____
	Appr. No. _____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
	Pay to the Order of _____ \$ _____	
	_____ Dollars	
	In Payment of Claim No. _____	
	_____ Treasurer	
Prescribed by State Board of Accounts	Form No. 509 (1967)	
	_____ Fund	No. _____
	Appr. No. _____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
	Pay to the Order of _____ \$ _____	
	_____ Dollars	
	In Payment of Claim No. _____	
	_____ Treasurer	

Prescribed by State Board of Accounts

School City and Town Form No. 517 (Rev. 1997)

RECEIPT OFFICE OF TREASURER OF SCHOOL BOARD

NO. _____

(SCHOOL CORPORATION)

IN 20

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
 ON ACCOUNT OF _____ 100

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)

IN 20

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
 ON ACCOUNT OF _____ 100

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)

IN 20

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
 ON ACCOUNT OF _____ 100

TREASURER OF SCHOOL BOARD

Fund

[illegible]

(Investments purchased and then either sold or redeemed in the same calendar year don't need a calculation because interest earned equals interest received.)

EXHIBIT R

OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST

_____, SCHOOL, _____, INDIANA

Receipt _____ 0001

Date_____
Name of Student_____
Grade

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

Quantity	Description - Name - Series - Code	Unit Price	Total Rental Fee	For Use of Issuing Officer
Total Received		\$	\$	

NOTE TO STUDENTS AND PARENTS:

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume 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.

Issuing OfficerE
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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 Fixed Asset	Amount Received on Disposal or Trade in	Types of Capital Assets						Total Fixed Assets
									Land	Infrastructure	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	
1															
2															
3															
4															
5															
6															
7															
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25															
26															
27															
28															
29															
30															

TRANSFER TUITION STATEMENT
School Year 2018-2019
Estimated Billing

To: _____ Corp. No. _____ Corp. name _____ County _____
 Transferor Corporation

From: _____ Corp. No. _____ Corp. name _____ County _____
 Transferee Corporation

Number Of Days School Was In Session For Pupil Attendance _____

	ADM	%		ADM	%
Kindergarten	_____	_____	Special Program #1	_____	_____
Elementary	_____	_____	Special Program #2	_____	_____
Middle/Jr. High	_____	_____	Special Program #3	_____	_____
Senior High School	_____	_____	Special Program #4	_____	_____
Total	_____	_____			

GENERAL FUND (JULY TO DECEMBER 2018) or EDUCATION AND OPERATIONS FUND COSTS
(JANUARY TO JUNE 2019) OPERATING COSTS ACCORDING TO CLASSIFIED BUDGET ACCOUNTS

Class of School _____

1. INSTRUCTION - REGULAR AND SPECIAL PROGRAMS Accounts 11000 and/or 12000, and 16100 and/or 16200 - General/Education Funds Only	\$ _____
2. SUPPORT SERVICES - ADMINISTRATION Accounts 21800, 23120, 23160, 23190, 23200 and 24000 - General/Education/Operations Funds Only	_____
3. SUPPORT SERVICES - ATTENDANCE, HEALTH, AND GUIDANCE Accounts 21100 through 21700 - General/Education Funds Only	_____
4. SUPPORT SERVICES - OPERATION AND MAINTENANCE Accounts 26000 - General/Operations Funds Only	_____
5. SUPPORT SERVICES - CENTRAL Accounts 25000 (Excluding 25191-25196 and 25910-25950) -General/Education/Operations Funds Only	_____
6. SUPPORT SERVICES - OTHER Accounts 22000, 31000 - General/Education/Operations Funds Only	_____
7. INSTRUCTION - PAYMENTS TO OTHER GOVERNMENTAL UNITS WITHIN STATE Accounts 17000 (excluding 17800) above paid from General/Education/Operations Funds Only through other agencies for appropriate class of school	_____
8. TOTAL OPERATING COSTS Lines 1 through 7 - General/Education/Operations Fund Only	\$ _____

TRANSPORTATION

NOTE: Transportation expenses can be included in the Transfer Tuition Statement ONLY in instances where the transferred students are furnished transportation by the school corporation to which they are transferred and there is a written transportation agreement between the transferor and transferee school corporations.

Costs of Transportation Fund - Accounts 27000 (except 27400) (Transportation/Operations Funds) \$ _____

Total number of Pupils Transported _____

Cost per pupil transported. \$ _____

AMOUNT DUE FOR TRANSPORTATION

Cost per pupil (above) divided by numbers of days school was in session equals cost per pupil day:

_____ / _____ = _____

Cost per pupil day multiplied by total days transported equals cost of transporting pupils named in this statement:

_____ X _____ = \$ _____

Class of School _____

STATEMENT OF ENROLLMENT, TRANSPORTATION AND ATTENDANCE

[illegible]

SPECIAL EDUCATION CATEGORIES

A. Severe Disabilities

B. Mild and Moderate Disabilities

C. Communication Disorders (duplicated count)

(NOTE: Types A and B are unduplicated counts)

Class of School _____

- A. 1. Total pupil days enrolled divided by the number of days school was in session for Fall pupil attendance equals half time pupil equivalent.

_____ ÷ _____ = _____

2. Total pupil days enrolled divided by the number of days school was in session for Spring pupil attendance equals half time pupil equivalent.

_____ ÷ _____ = _____

3. _____ + _____ = _____
Line A1/A2 Line A2/2 Full time pupil equivalent

- B. 1. Total Operating Costs (from Fall line 8, page 1) divided by Pupil Enrollment equals Per Capita Cost

_____ ÷ _____ = \$ _____

2. Total Operating Costs (from Spring line 8, page 1) divided by Pupil Enrollment equals Per Capita Cost

_____ ÷ _____ = \$ _____

Total Operating Costs (from line 8, page 1) divided by Pupil Enrollment equals Per Capita Cost

3. _____ + _____ = \$ _____
Line B1 Line B2 Total Per Capita Cost

- C. Per Capita Cost (Section B) multiplied by full time pupil equivalent (Section A) equals Gross Amount due for Operating.

_____ X _____ = \$ _____
Line B3 Line A3

- D. LESS the following state or local distributions that are computed in any part using ADM or other pupil count in which the student(s) is included: (Refer to the instructions in the Accounting and Uniform Compliance Guidelines Manual for Indiana Public School Corporations)

	Fall and Spring	Fall		Spring	
1	Basic Tuition Support under I.C. 20-43-6-3	\$ _____	+	\$ _____	= \$ _____
	Fall only				
2	Honors Diploma under I.C. 20-43-10-2	\$ _____			
3	Special Education Grant under I.C. 20-43-7	\$ _____			
4	Career and Technical Education under IC 20-43	\$ _____			
5	Revenue under I.C. 20-45-7 & 8	\$ _____			
6	Operations Fund Excise revenue I.C. 20-26-11-13 (b)	\$ _____			
		Sec. D Total 1-6 \$ _____			

- E. Net Amount Due for Operating (Section C Minus Section D).

\$ _____

Net Amount Due for Transfer Tuition - Operating (E) \$ _____

Net Amount Due for Transfer Tuition - Special Equipment (G page 4) \$ _____

Net Amount Due for Transportation (from Bottom page 1) \$ _____

TOTAL net amount due for Transfer Tuition and Transportation \$ _____

Less Quarterly Payments:

	Date	Estimated Amount
First Quarter	_____	\$ _____
Second Quarter	_____	\$ _____
Third Quarter	_____	\$ _____
Total Quarterly Payments		\$ _____

Balance Due \$ _____

If amount is negative, should default to zero

Note: half of each Fall and Spring calculation should be used.

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 _____

I, _____ Treasurer of _____
 School Corporation, _____ County, Indiana, hereby certifies that the cost of this corporations special equipment is as follows:

A	B	C	D	E	F	G
Description	Original Cost	Year Pur.	Est. Life	Annual Allocated Cost	Number of Students	Special Equip. Cost for Student Named on Pg 2
Total Special Equipment Costs						\$0.00

I further certify that the within named students were lawfully transferred to the above named corporation; that the transfers were issued by the proper legal offers of:

_____ (transferring corporation) _____ County, Indiana; or in the
 instance of a cash transfer; authorized by _____, residing at _____ address,
 as the parent or other person responsible for such transfer tuition; or in the Instance of lawfully placed students under IC 20-26-11 that
 the transfers were issued by the proper legal officer of _____ County.

Also that the foregoing statements of transfers, attendance, cost of education, cost of transportation, amount due for tuition, amount due for transporation of children who by law were furnished transportation by this school corporation is true and correct, as I verily believe.

Date: _____, 20 _____ (Signed) _____
 Treasurer

RECEIPT REGISTER

SAMPLE

EXHIBIT V

SCHOOL CORPORATION	CORP. NUMBER
--------------------	--------------

APPLICATION FOR CURRICULAR MATERIAL ASSISTANCE AND OTHER ASSISTANCE
Effective July 1, 20____ - One Application per **Household**

Part 1. Names of all household members (First, Middle Initial, Last)	Living with parent or caretaker relative?	Only for students: Name of each child's school building	Student? Yes 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					
	Yes No		Yes No					
If ALL children listed above are foster children, skip to Part 5 and sign.								

Part 2. If any member of your household (student, adult or non-student) has a valid Food Stamp (SNAP) or TANF case number, please provide the name of the person who receives benefits, check the box indicating the benefit program, and enter the case number, then skip to Part 5. If no one receives these benefits, skip to Part 3.

Name: _____ Food Stamp ☐ TANF ☐ Case Number: ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

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 <i>Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly</i>																			
Section 1 Name of Household Member (First and Last) <i>Example: Jane Smith</i>	Earnings from Work	Weekly	Every 2	Twice A	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Every 2	Twice A	Monthly	Pensions/ Retirement	Weekly	Every 2	Twice A	Monthly	All Other Income	Weekly	Every 2	Twice A	Monthly
	\$ 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.	\$					\$					\$					\$				
2.	\$					\$					\$					\$				
3.	\$					\$					\$					\$				
4.	\$					\$					\$					\$				
5.	\$					\$					\$					\$				
6.	\$					\$					\$					\$				

No

School Use Only:
 _____ Approved
 _____ Denied
 _____ Not applicable

XXX-XX-_____

(Today's date)

γ White

MONTHLY INCOME X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income: \$ _____ per: ☐ Weekly ☐ Every 2 Weeks ☐ Monthly
☐ Twice a Month ☐ Yearly

OR Categorical Eligibility: ☐ Food Stamps ☐ TANF ☐ Migrant ☐ Homeless ☐ Runaway ☐ Foster

Eligibility Determination: ☐ Approved Free ☐ Approved Reduced Price ☐ Denied

Reason for Denial: ☐ Income Too High ☐ Incomplete Application ☐ Other(Reason) _____

Signature of Determining Official: _____ Date: _____

Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____ Date Verification Notice Sent: _____ Date Response due from Households: _____ Date Second Notice Sent (or N/A): _____	Approval Based on: ___ Food Stamps//TANF Case Number ___ Household Size and Income ___ Other	Verification results: ___ NO change ___ Free to Reduced ___ Free to Paid ___ Reduced to Free ___ Reduced to Paid	Reason for Change: ___ Income: _____ ___ Household Size _____ ___ Change in Food Stamps/TANF _____ ___ Did not respond ___ Other _____	Date Notice of Change Sent _____ Date Change Made: _____
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Request for appeal Date Hearing Requested: _____ Hearing Decision: _____	Verifying Official's Signature _____ Signature date: _____
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Use of Information Statement: This explains how we will use the information you give us.

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.