

APPENDIX

EXHIBIT A ..... Requisition Blank

EXHIBIT B ..... Purchase Order

EXHIBIT C ..... Accounts Payable Voucher

EXHIBIT D ..... Payroll Schedule and Voucher

EXHIBIT E ..... Mileage Claim

EXHIBIT F ..... Schedule of Payments due School Bus Independent Contractors for Pupil Transportation

EXHIBIT G ..... Accounts Payable Voucher Register

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 ..... Teacher's Service Record

EXHIBIT M ..... Employee's Service Record

EXHIBIT N ..... Employee's Earnings Record

EXHIBIT O ..... School Corporation Check

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 ..... Household Application for Free and Reduced Price School Meals

EXHIBIT X ..... Application for Curricular Material Assistance and Other Assistance

EXHIBIT Y ..... Special Purchase Contract File List

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

QUANTITY OR UNIT		DESCRIPTION	UNIT PRICE	CHARGES	
ORDERED	DELIV'D			AMOUNT	ACCT. NO.

SAMPLE

AUTHORIZED BY	ORDERED BY	GOODS RECEIVED BY

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.

SHIP VIA \_\_\_\_\_

CHARGE TO \_\_\_\_\_

APPROPRIATION FOR \_\_\_\_\_

APPROPRIATION NUMBER \_\_\_\_\_

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

SAMPLE

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. \_\_\_\_\_

### 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.

Payee _____ _____ _____	Purchase Order No. _____  Terms _____  Date Due _____
----------------------------------	---

Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
		Total	

SAMPLE

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 \_\_\_\_\_

EXHIBIT C  
PAGE 1

VOUCHER NO. \_\_\_\_\_ WARRANT NO. \_\_\_\_\_

Charge These Appropriation

Account Number	Account Name	Amount
Total		

\_\_\_\_\_  
PAYEE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAMPLE

\_\_\_\_\_  
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

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.

(Office, Board, Department or Institution)  
 For Period Beginning \_\_\_\_\_, 20\_\_\_\_ and Ending \_\_\_\_\_, 20\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
 Fund \_\_\_\_\_

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



### MILEAGE CLAIM

\_\_\_\_\_  
(GOVERNMENTAL UNIT)

TO \_\_\_\_\_

\_\_\_\_\_  
(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

ON ACCOUNT OF APPROPRIATION NO. \_\_\_\_ FOR \_\_\_\_\_

DATE 20	FROM	TO	ODOMETER READING+		NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE	
	POINT	POINT	START	FINISH			@ _____ ¢	PER MILE
		AUTO LICENSE NO.		TOTALS				

+ODOMETER READING columns are to be used only when distance between points cannot be determined by fixed mileage or official highway map.

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, 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.

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

SAMPLE



STATE OF INDIANA, \_\_\_\_\_ COUNTY, SS:

I, \_\_\_\_\_, \_\_\_\_\_  
Name (Title)  
\_\_\_\_\_ hereby certify that I have  
(School Corporation)

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 { correct.  
incorrect.

\_\_\_\_\_  
(Disbursing Officer)

Allowed \_\_\_\_\_, 20\_\_

In the sum of \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Board or Commission)









### TREASURERS DAILY BALANCE OF CASH

		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						
		Deposits During Day		Warrants Issued During Day			
NAMES OF DEPOSITORIES		Depository Balances Previous Day 1	Ledger Funds 2	Investments From Depository Balances Cashed-Cost 3	Ledger Funds 4	Investments From Depository Balances Purchased-Cost 5	Depository Balances Close of Day 6
4A							
4B							
4C							
4D							
4E							
4F							
4G							
4H							
4I							
4J							
5	Total Depository Balances						
		Investment Balances Previous Day 1		Investments Purchased-Cost 3		Investments Cashed-Cost 5	Investment Balances Close of Day 6
INVESTMENTS - (Listed by Funds as Shown in Investment Register)							
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						8
Coins			x	x	x						9
Checks and Money Orders			x	x	x						10
Total Cash on Hand Close of Day			x	x	x						11
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)			x	x	x						12
Net Cash on Hand (After Deducting Advances)			x	x	x						13
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)			x	x	x						14
Total Cash on Hand an in Depository			x	x	x						15
Add Cash Under			x	x	x						16
Deduct Cash Over			x	x	x						17
Total			x	x	x						18
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)			x	x	x						19
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)			x	x	x						20
											21
											22
											23
											24
											25
											26
											27
											28
											29
											30
											31
											32
											33
											34
											35
											36
											37
											38

EXHIBIT J  
 PAGE 2



TEACHER'S SERVICE RECORD

SCHOOL YEAR 20\_\_ - 20\_\_

SOC. SEC. NO. \_\_\_\_\_

RETIREMENT NO. \_\_\_\_\_

SCHOOL CORPORATION \_\_\_\_\_

COUNTY \_\_\_\_\_

NAME \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

CONTRACT \$ \_\_\_\_\_

PER DAY \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL CORP. OF LAST EMPLOYMENT \_\_\_\_\_

ACCUMULATED SICK LEAVE EARNED \_\_\_\_\_

CREDIT TO DATE (EXCLUDING THIS SCHOOL YEAR) \_\_\_\_\_

PAY PERIOD ENDING MONTH OR OTHER	DAYS IN PERIOD	DAYS LOST	DAYS WORKED	SICK & QUARANTINE DAYS USED	FAMILY DEATH DAYS USED	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	RATE PER DAY PAID TO SUBSTITUTE
ACCUMULATED LEAVE BROUGHT FORWARD (BALANCE UNUSED FORMER YEARS)												
AVAILABLE SICK AND QUARANTINE LEAVE THIS SCHOOL YEAR (INCLUDING NOT TO EXCEED 3 DAYS CREDIT FROM LAST EMPLOYMENT)												
								\$				\$
TOTALS								\$				\$

ACCUMULATED LEAVE FORWARDED TO NEXT SCHOOL YEAR

EXHIBIT L

(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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	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.

**EMPLOYEE'S EARNINGS RECORD**

UNIT \_\_\_\_\_ BASIS OF PAY (PER MONTH, WEEK, HOUR) \_\_\_\_\_ MR., MRS., MISS \_\_\_\_\_  
 OFFICE, BOARD OR DEPARTMENT \_\_\_\_\_ OTHER COMPENSATION TYPE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 (SEE OTHER SIDE FOR INSTRUCTIONS) AMOUNT \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 EXEMPTION STATUS FEDERAL \_\_\_\_\_ STATE \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

General Payroll Form 99B (Rev. 1985)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	Code	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													

SAMPLE

E  
X  
H  
I  
B  
I  
T  
I  
O  
N

Prescribed by State Board of Accounts Form No. 509 (1967)

..... Fund

No. ....

Appr. No. ..... \$ .....

..... \$ .....

..... \$ .....

..... \$ .....

..... \$ ..... Pay to the Order of ..... \$ .....

..... Dollars

100

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

100

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

100

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

100

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

100

In Payment of Claim No. ....

..... Treasurer

SAMPLE

Prescribed by State Board of Accounts  Fund ..... PR Claim No. ....	<b>PAYROLL CHECK</b>  No. P .....  Pay to the Order of ..... \$ ..... ..... Dollars 100	Form No. 516 (1967)																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Hours Worked</th> <th style="width: 10%;">Gross Pay</th> <th style="width: 10%;">Federal With. Tax</th> <th style="width: 10%;">Social Security</th> <th style="width: 10%;">State With. Tax</th> <th style="width: 10%;">Retirement</th> <th style="width: 10%;">Insurance</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td colspan="9" style="background-color: #cccccc;"> </td> </tr> </tbody> </table>	Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retirement	Insurance												
Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retirement	Insurance														
	Treasurer .....																			

  

Prescribed by State Board of Accounts  Fund ..... PR Claim No. ....	<b>PAYROLL CHECK</b>  No. P .....  Pay to the Order of ..... \$ ..... ..... Dollars 100	Form No. 516 (1967)																		
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	Treasurer .....																			

  

Prescribed by State Board of Accounts  Fund ..... PR Claim No. ....	<b>PAYROLL CHECK</b>  No. P .....  Pay to the Order of ..... \$ ..... ..... Dollars 100	Form No. 516 (1967)																		
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Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retirement	Insurance														
	Treasurer .....																			

  

Prescribed by State Board of Accounts  Fund ..... PR Claim No. ....	<b>PAYROLL CHECK</b>  No. P .....  Pay to the Order of ..... \$ ..... ..... Dollars 100	Form No. 516 (1967)																		
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Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retirement	Insurance														
	Treasurer .....																			

  

Prescribed by State Board of Accounts  Fund ..... PR Claim No. ....	<b>PAYROLL CHECK</b>  No. P .....  Pay to the Order of ..... \$ ..... ..... Dollars 100	Form No. 516 (1967)																		
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Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retirement	Insurance														
	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





**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
<b>Total Received</b>		\$	\$	

**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 Officer

**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 Capital Asset	Amount Received on Disposal or Trade in	Types of Capital Assets						Total Capital Assets	
								Land	Infrastructure	Buildings	Improvements Other Than Buildings	Machinery Equipment & Vehicles	Construction in Progress		Books and Other
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
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23															
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25															
26															
27															
28															
29															
30															

SAMPLE

**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

<b>Number Of Days School Was In Session For Pupil Attendance</b> _____				
	<b>ADM</b>	<b>%</b>		<b>ADM</b>
Kindergarten	_____	_____	Special Program #1	_____
Elementary	_____	_____	Special Program #2	_____
Middle/Jr. High	_____	_____	Special Program #3	_____
Senior High School	_____	_____	Special Program #4	_____
<b>Total</b>	_____	_____		_____

<b>GENERAL FUND (JULY TO DECEMBER 2018 ) or EDUCATION AND OPERATIONS FUND COSTS (JANUARY TO JUNE 2019) OPERATING COSTS ACCORDING TO CLASSIFIED BUDGET ACCOUNTS</b>		<b>Class of School</b>
<b>1. INSTRUCTION - REGULAR AND SPECIAL PROGRAMS</b> Accounts 11000 and/or 12000, and 16100 and/or 16200 - General/Education Funds Only	\$	
<b>2. SUPPORT SERVICES - ADMINISTRATION</b> Accounts 21800,23120, 23160, 23190,23200 and 24000 - General/Education/Operations Funds Only		
<b>3. SUPPORT SERVICES - ATTENDANCE, HEALTH, AND GUIDANCE</b> Accounts 21100 through 21700 - General/Education Funds Only		
<b>4. SUPPORT SERVICES - OPERATION AND MAINTENANCE</b> Accounts 26000 - General/Operations Funds Only		
<b>5. SUPPORT SERVICES - CENTRAL</b> Accounts 25000 (Excluding 25191-25196 and 25910-25950) -General/Education/Operations Funds Only		
<b>6. SUPPORT SERVICES - OTHER</b> Accounts 22000, 31000 - General/Education/Operations Funds Only		
<b>7. INSTRUCTION - PAYMENTS TO OTHER GOVERNMENTAL UNITS WITHIN STATE Accounts 17000</b> (excluding 17800) above paid from General/Education/Operations Funds Only through other agencies for appropriate class of school		
<b>8. TOTAL OPERATING COSTS Lines 1 through 7 - General/Education/Operations Fund Only</b>	\$	

**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** \_\_\_\_\_

**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.

$$\underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

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

$$\underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

3.  $\frac{\text{Line A1/A2}}{\text{Line A2/2}} = \text{Full time pupil equivalent}$

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

$$\underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \$$$

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

$$\underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \$$$

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

$$3. \frac{\text{Line B1}}{\text{Line B2}} = \frac{\$ \underline{\hspace{2cm}}}{\text{Total Per Capita Cost}}$$

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

$$\frac{\text{Line B3}}{\text{Line B3}} \times \frac{\text{Line A3}}{\text{Line A3}} = \underline{\hspace{2cm}} \$$$

**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)

	<b>Fall</b>		<b>Spring</b>	
1 Basic Tuition Support under I.C. 20-43-6-3	\$ _____	+	\$ _____	= \$ _____
<b>Fall only</b>				
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)	\$ _____			
			<b>Sec. D Total 1-6</b>	\$ _____

**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	_____	\$ _____
<b>Total Quarterly Payments</b>		<u>\$ _____</u>

**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						<u>\$0.00</u>

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





**STEP 1 List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper)**

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Student?		Only Students: Name of School Building	Only Students: Birthdate	Only Students: Grade	Living with parent or caretaker relative?		Foster Child	Homeless, Migrant, Runaway
			Yes	No				Yes	No		
1			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?**

If **NO** > Go to STEP 3.

If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: / / / / / / / / /

Write only one case number in this space.

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

Are you unsure what to do here?  
Please read **How to Apply for Free and Reduced Price School Meals** for more information.

The **Sources of Income for Children** section will help you with the **Child Income** question.

The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the **TOTAL** income received by all children in household listed in STEP 1 here.

Child income \$

How often?  Weekly  Every 2 Wks  2x Month  Monthly

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report **total (gross) income before any taxes or deductions** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly
1	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member             Check if no SSN

**STEP 4 Contact information and adult signature. Mail Completed Form To: [INSERT YOUR SCHOOL MAILING ADDRESS HERE] Turn for Textbook Benefits**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed name of adult completing the form

Signature of adult completing the form

Today's date

Street Address (if available)

City

State

Zip

Daytime Phone and Email (optional)

**STEP 5**

**Other Benefits – This section does not need to be completed to receive free or reduced price meal benefits.**

Do you want to receive **Textbook Assistance**?

- Yes  
 No

If yes, **sign to the right** →

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. Parts 260 and 265.

Signature of adult completing the form

Today's date

School Use Only:

- Approved  
 Denied  
 Not Applicable

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under **Medicaid** or **Hoosier Healthwise**. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

Signature of adult completing the form

Today's date

**For information about Hoosier Healthwise health insurance, call 1-800-889-9949.**

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**

- Hispanic or Latino  
 Not Hispanic or Latino

**Race (check one or more):**

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. 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 free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

**To file a program complaint of discrimination**, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
(202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
This institution is an equal opportunity provider.

**FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

INCOME CONVERSION to YEARLY:

WEEKLY X 52

EVERY 2 WEEKS X 26

TWICE A MONTH X 24

MONTHLY X 12

**ELIGIBILITY DETERMINATION**

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

Type of Eligibility Notification Provided (if denied, notification must be written):  Verbal  Written Date: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

**VERIFICATION**

Confirmation Review Official: \_\_\_\_\_ Application Direct Verified? Yes  No

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: \_\_\_\_\_

**Request for Appeal**

Date Hearing Requested: \_\_\_\_\_

Hearing Decision: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2021-2022 Application for Curricular Material Assistance and Other Assistance

Complete one application per household. Please use a pen (not a pencil).

Prescribed by State Board of Accounts  
School Form No. 521/2021

## STEP 1 List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free benefits. Read **How to Apply for Curricular Material Assistance** for more information.

Child's First Name	MI	Child's Last Name	Student?		Only Students: Name of School Building	Only Students: Birthdate	Only Students: Grade	Living with parent or caretaker relative?		Foster Child	Homeless, Migrant, Runaway
			Yes	No				Yes	No		
1			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

If **NO** > Go to STEP 3.

If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:** / / / / / / / / / /

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what to do here?  
Please read **How to Apply for Curricular Material Assistance** more information.

The **Sources of Income for Children** section will help you with the **Child Income** question.

The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in household listed in STEP 1 here.

Child income \$

How often?  Weekly  Every 2 Wks  2x Month  Monthly

### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report **total (gross) income before any taxes or deductions** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly
1	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

## STEP 4 Contact information and adult signature. Mail Completed Form To:

Do you want to receive Curricular Material assistance?

Yes If yes, **sign to the right** →  No

My signature below authorizes the release of information on this application for curricular material assistance. I give up my right of confidentiality for this purpose only. The application may be subject to audit by the State of Indiana to determine student eligibility for curricular materials. The application information may be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. Parts 260 and 265. I certify that I am the parent/guardian of the child(ren) for whom application is being made and authorize the release of information for the purposes outlined in the application.

Signature of adult completing the form

Today's Date

Mailing Address

City, State, Zip

Daytime Phone and Email (optional)

**STEP 5****Other Assistance Opportunities (Optional)**

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under **Medicaid** or **Hoosier Healthwise**. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of this information for this purpose only:

Signature of adult completing the form

Today's date

**For information about Hoosier Healthwise health insurance, call 1-800-889-9949.**

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**

- Hispanic or Latino  
 Not Hispanic or Latino

**Race (check one or more):**

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**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) or Temporary Assistance for Needy Families (TANF) case number 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.

**FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE****INCOME CONVERSION to YEARLY:**

WEEKLY X 52

EVERY 2 WEEKS X 26

TWICE A MONTH X 24

MONTHLY X 12

**ELIGIBILITY DETERMINATION**

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

Type of Eligibility Notification Provided (if denied, notification must be written):  Verbal  Written Date: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

**VERIFICATION**

Confirmation Review Official: \_\_\_\_\_ Application Direct Verified? Yes  No

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: \_\_\_\_\_

**Request for Appeal**

Date Hearing Requested: \_\_\_\_\_

Hearing Decision: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

