FORM NO. SA-1 (Original)

Prescribed by State Board of Accounts

Form SA-1 (Revised 2001)

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:			DATE	
No	Date	,		
Purchased From				
Address				
Purchased For				
Deliver To				
Send Invoice To				

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

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.

Quantity	Description	Unit	Price	Total
	SAMPL			
		Total This Orde	r	
Signed: Per	son Authorized to Purchase	certify that there le fund sufficient	e is an unobligate to pay the above	ed balance in the order.

Treasurer

FORM NO. SA-1 (Duplicate)

Prescribed by State Board of Accounts

Form SA-1 (Revised 2001)

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(Receiving Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:	Data	DATE	
No	Date		
Purchased From			
Address			
Purchased For			
Deliver To			
Send Invoice To			

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

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.

Quantity	Description	Unit	Price	Total	
	SAMA				
		Total This Orde	r		
Signed: Pers	son Authorized to Purchase		e is an unobligate to pay the above ,		the
(are) true and correct itemized thereon for	the attached invoice(s), or bill(s), is act and that the materials or services which charge is made were ordered t	 	Treasurer		
Signed:	Signature				
	Signature				

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(File Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

-

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

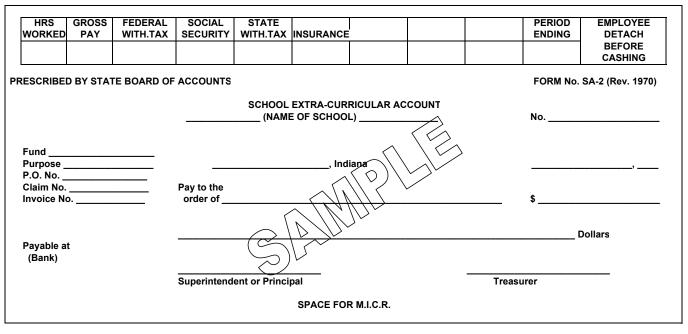
No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

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.

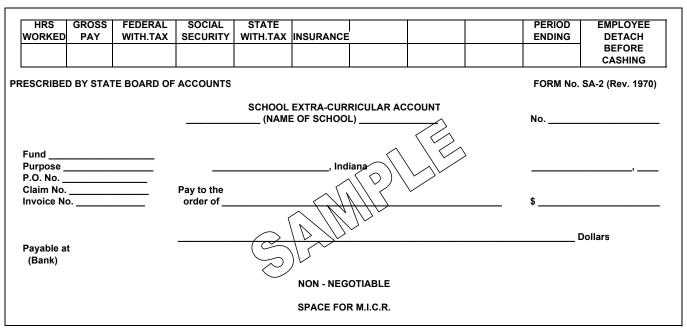
Quantity	Description		Unit	Price	Total
	SAM				
			Total This Orde	1	
Signed:Pe	rson Authorized to Purchase	applicable	certify that there e fund sufficient	to pay the above	tec balance in the e order.
(are) true and correctient the termized thereon for	t the attached invoice(s), or bill(s), is ect and that the materials or services which charge is made were ordered ot		certify that the at correct and I hav), or bill(s), is (are) in accordance with
		Date: _			
Signed:	Signature			Freasurer	

Prescribed Form SA 2 (Rev 1970)

CHECK



ORIGINAL

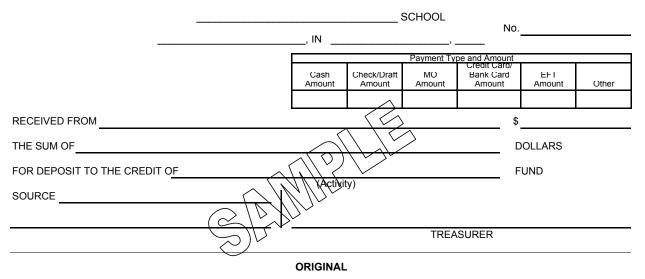




Combination form for payroll use as well as accounts payable

Form No. SA-3 (Revised 1997)

RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT



Prescribed by State Board of Accounts

Form No. SA-3 (Revised 1997)

RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT

				SCHOOL			
		, IN			No.		
				Payment Ty	pe and Amount		
		Cash Amount	Check/Dratt Amount	MO Amount	Credit Card/ Bank Card Amount	EF I Amount	Uther
			\land				
RECEIVED FROM		•	$\langle \Box \rangle$		\$		
THE SUM OF				>	D	OLLARS	
FOR DEPOSIT TO THE CREDIT OF	~				F	UND	
SOURCE		Activi	ity)				
		7~					
	SIL .			TREA	SURER		
	<u> </u>		_				

DUPLICATE

TICKET SALES

SCHOOL	TOWN OR CITY
GAME	DATE
OTHER	ACTIVITY

TICKETS								
							TOTAL	
KIND	ISSUE	D	RETURN	IED	TICKETS	PRICE	AMOUNT	
	SERIAL NO.	AMT.	SERIAL NO.	AMT.	SOLD 👔		SALES	
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Made by		Verified and Approved by	
(Title)	(Title)		(Official or Sponsor)
		ORIGINAL	

(Form SA-4) Prescribed by State Board of Accounts

TICKET SALES

SCHOOL	TOWN OR CITY
GAME	DATE
OTHER	ACTIVITY
UTILK-	

							TOTAL	
KIND	ISSUE	D	RETURN	IED	TICKETS	PRICE	AMOUNT	
	SERIAL NO.	AMT.	SERIAL NO.	AMT.	SOLD 1		SALES	
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	TOTAL	ſ) 5 5					
		C						

Made by_____

Verified and Approved by_____

(Official or Sponsor)

DUPLICATE

(Title)

No _____

No _____

FINANCIAL REPORT SCHOOL EXTRA-CURRICULAR ACCOUNT

School _

SCHEDULE OF BALANCES RECEIPTS AND EXPENDITURES OF SCHOOL EXTRA-CURRICULAR ACCOUNT

From _____, ____,

То ______, _____

NAME OF FUND	BALANCE BEGINNING OF PERIOD 1		RECEIPTS DURING PERIOD 2	EXPENDITURE	S	BALANCE END OF PERIOD 4	
	\$		\$	\$		\$	
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	5						
\sim							
TOTAL ALL FUNDS	\$		\$	\$		\$	

CASH RECONCILEMENT

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

OUTSTANDING CHECKS

DATE	NUMBER	AMOUNT		DATE	NUMBER	AMOUNT	
		\$		BROUGHT FOR	WARD	\$	
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		\gtrsim	ン				
	(
CARRIED FORW	ARD	\$		TOTAL		\$	

FORM SA5-3

DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

 FUND

 RECEIPTS

 SOURCE OF RECEIPTS

 NATURE OF RECEIPTS

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

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

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

Form SA5-4

The bank in which all moneys of this account are deposited is:

Name of Bank
Location of Bank
Date school officially closed,,
BOND OF SCHOOL TREASURER
Name of Surety Amount of Bond \$
Date of Expiration
CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL
CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL
I,, Treasurer,, Principal, of the School Extra-Curricular
Account, hereby certify that the foregoing report of the said account is true and correct to the best
of my knowledge and belief. I further certify that copies of this report have been filed with the
officers designated by law to receive copies of said report.
Treasurer

Principal

COPIES TO BE FILED AS FOLLOWS:

Township School:	1 copy to Township Trustee 1 copy to County Superintendent
School Corporation:	 copy to Board of School Trustees or Board of School Commissioners copy to Superintendent of Schools

Form SA-6 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT

FUND

RECEIPT DISBURSEMENTS OR RECEIPTS CHECK NO. DEBIT CREDIT DATE ITEM ~ BALANCE Δ \cap レ C $\overline{\ }$

NO._____

Form SA-7 (Revised 2001)

CLAIM FOR PAYMENT

No._____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:		DATE
No	Date,,	
Purchased From		
Address		
Address Purchased For		
Delivered To		
Invoice Handed To		
_		

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ _____Fund.

No payment is to be made for this order until the SA-7 Form is properly filed and the items have been received.

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.

Quantity	Description	Unit	Price	Total	
	SAMARI			\$	
		Total This Order		\$	

Approved for Payment _____

Signature

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

Date _____, ____

Signed: _____

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

Date _____, ____

Signature

Date:	SUMMARY COLLECTION FORM	NUMBER
		School
Deposit To:	(Fund) Time Frame of Fund	raiser:
Reason for Receipts:	(Fundraiser, Field Trip)
Sponsor:	, Title (Please Print Name)	e:
RECEIPT DETAIL:		
CASH:		7
CHECKS AND N	MONEY ORDERS:	
turned in.	deposit must be accurately counted before turning fin ancy will be returned. Riease face bills and roll chi to provide an Official Receipt, Form SA-3, at the	to the Treasurer. Any summary ange when possible. The Extra- time the Collection Summary is
	ACCURATELY ACCOUNTED FOR ALL FUNDS	_
	nd Representative, Name is Printed Above)	
	Detail Checks/Money Orders	

(Attach Additional Information As Needed)

<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>
Subtotal	\$	Subtotal	\$	Subtotal	\$	Subtotal	\$

Amount From Additional Sheets

\$_____ \$_____

Grand Total

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

Form TBR-1

INVENTORY OF RENTAL TEXTBOOKS

Date

_' _

Name of School or School Corporation

NAME OF TEXTBOOK OR SERIES OF TEXTBOOKS	QUANTITY	RETAIL PRICE	TOTAL VALUE
10			
	}		
			+
			+

Form Prescribed by State Board of Accounts							School Form No. TBR-2 (Rev. 1997)
	OFFICIA		S - INDIVII			NTAL LIST	
			S	SCHOOL,		, INDIANA	Receipt 0001
Date			Name of Stu	Ident		Grade	
1		_	Payment Ty	pe and Amount			
	Cash Amount	Check/Dratt Amount	MO Amount	Bank Card Amount	EF I Amount	Other	
l							
	Description	Neme Carico	Cada		_ Unit Price	Total Rental Fee	
Quantity	Description	- Name - Series -	Code			Rentarree	For Use of Issuing Officer
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				\overline{O}	5		
		<u> </u>	$- \sum \left($				
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		\bigcirc					
Total Received					\$	\$	
NOTE TO STUDENTS AND PARENTS:							
	rented textbooks	s in order that all b	books may be re	eturned at the clo	se of the school to	erm in useable cond	dition. For each textbook lost or returned
damaged beyond use, an additional ch	arge may be ma	de as determined	by school offici	als. Items availa	ble for classroom	use not issued to s	tudents shall also be listed. If the volume
of transactions for grades with a fixed I with a reference to such attached list in			enough to dem	and it, a copy of t	the printed list ma	y be attached to the	e TBR-2 form and the form processed
							Issuing Officer

SCHOOL FOOD SERVICE
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

DAY OF MONTH MEAL PROVIDED 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 NAME/POSITION 7 1 / ∇ Ν ∇ L J $) \downarrow$ $\overline{)}$ TOTAL THIS PAGE

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature

SF - 1

School _____

Date _____, ____,

SCHOOL FOOD SERVICE DAILY RECORD OF CASH RECEIVED

School CASH RECEIVED FOR FEDERAL TOTAL CASH RECEIPTS Z LINE LINE DATE LUNCH OTHER RECEIPTS BREAKFAST KIND. STUDENT ADULT PREPAID PREPAID STATE REIMBURSEMENTS SPECIAL ALA CARTE ALA PREPAID FOOD FOOD MATCH No STUDENT ADULT STUDENT ADULT MILK FOOD APPLIED TRUST FUNDS PROGRAM AMOUNT 3 \wedge 5 6 $\mathbf{\nabla}$ \B 8 $\overline{}$ 9 10 11 1 12 13 1 $\overline{\nabla}$ V 13 æ 14 15 14 ð IJ 15 16 17 18 19 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 20 21 22 23 24 25 26 27 28 29 30 31 32 31 32 TOTALS

School Form SF-2 (Revised 1998)

SF-2A

SCHOOL FOOD SERVICE DAILY RECORD OF MEALS/MILK SERVED

School

School Form SF-2A (Revised 1998)

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S LINE		Detal	F	Dedu	Tatal	Adult	Other	NSLP	Detel	F	Dealer	Tatal	Paid	Other	SUP	Deid	F	Dealer	Tatal	Paid	Other	SBP	Deid	Erre	Tatal	
NO		Paid	Free	Redu.	Total	Meals	Meals	Meals	Paid	Free	Redu.	Total	Meals	Meals	Meals	Paid	Free	Redu.	Total	Meals	Meals	Meals	Paid	Free	Total	No
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Date _____ Signature _____

SCHOOL FOOD SERVICE CASH DISBURSEMENTS

School____

									DIS	BUR	SEM	ENTS	FOR													
S LINE	Dat	te Che Numl	Food	Labor - Service Area Directior	Labor Food Prep. Dispens	t &		Equij urcha			Equi Repa			Misc/ Other		Description of Misc/Other Expense	TOTAL BURSE	D	F	EPAI OOD RUST		/AILAE CASH ALAN(BALAI	NCE.	A LINE
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School Form SF-3 (Revised 1998)

CASH RECEIPTS CASH DISBURSEMENTS TOTAL CASH RECEIPTS SERVICE AREA DIRECTION PREPAID FOOD I RUS I AVAILABLE CASH BALANCE S LINE S FOOD PREP. & DISPEN. S LINE S ∠ MONTH SALES TO FEDERAL REIMB. OTHER RECEIPTS SALES TO ADULIS STATE MATCH TOTAL DISBURSEMENTS FOOD EQUIPMENT OTHER BALANCE 10 $\langle \rangle$ 10 \mathcal{V}/\mathcal{X} 10 \sim 97 V 11 11 12 12 13 13 **B** 14 15 16 14 15 16 17 17 18 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33

Form Prescribed by State Board of Accounts

SCHOOL FOOD SERVICE LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCE

School Form SF-4 (Revised 1998)

School

SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

School			School Year
Ticket Numbers	School	Date	Signature
			5
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SF-5

Page ____ of ____

SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL _____ Date _____ PURCHASE MODEL OR QUANTITY DATE **BRAND NAME** SERIAL NUMBER COST **ITEM / DESCRIPTION** \cap C $\overline{\nabla}$

SF-6

Page ____ of ____

SCHOOL FOOD SERVICE FOOD INVENTORY

School Date			Beg Endi	jinning Inventory ing Inventory	\$\$
Item Des	cription	Unit Size	No. Units	Unit Cost	Total Value
Item Des	scription	Unit Size		Unit Cost	
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SF-7

General Form 370 (1997)

Governmental Unit

RECEIPT REGISTER

															Р	ayme	ent Ty	pe an	nd Ar	nour	nt							
Receipt Date	Receipt Number	Rec Amo	eipt ount		Received From	Fund	Description		Ca Am	ash ount	:		ck/Dr noun			MO noun	ıt		Baı	dit Ca nk Ca mour	ard		EFT Amou			Othe	۶r	
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