

**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
SAMPLE				
Total This Order				

Signed: _____
 Person Authorized to Purchase

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: _____, ____

 Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(Receiving Copy)

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.

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
SAMPLE				
Total This Order				

Signed: _____
 Person Authorized to Purchase

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: _____
 Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: _____, ____

 Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(File Copy)

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.

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
SAMPLE				
Total This Order				

Signed: _____
 Person Authorized to Purchase

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: _____
 Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: _____, ____

 Treasurer

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

Date: _____, ____

 Treasurer

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

_____, Indiana _____

Pay to the order of _____ \$ _____

_____ Dollars

Payable at (Bank) _____

 Superintendent or Principal Treasurer

SPACE FOR M.I.C.R.

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

_____, Indiana _____

Pay to the order of _____ \$ _____

_____ Dollars

Payable at (Bank) _____

NON - NEGOTIABLE

SPACE FOR M.I.C.R.

DUPLICATE

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL No. _____
_____, IN _____,

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

ORIGINAL

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL No. _____
_____, IN _____,

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

DUPLICATE

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 FORWARD		\$
CARRIED FORWARD		\$	TOTAL		\$

DETAIL OF RECEIPTS AND EXPENDITURES
BY FUNDS

_____ FUND
RECEIPTS

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

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

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT
	\$
TOTAL EXPENDITURES	\$

CLAIM FOR PAYMENT

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, _____

Purchased From _____

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
				\$
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: _____
Signature

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 _____, _____

Treasurer

Date: _____ **SUMMARY COLLECTION FORM** NUMBER _____

_____ School

Deposit To: _____ (Fund) Time Frame of Fundraiser: _____

Reason for Receipts: _____ (Fundraiser, Field Trip)

Sponsor: _____, Title: _____ (Please Print Name)

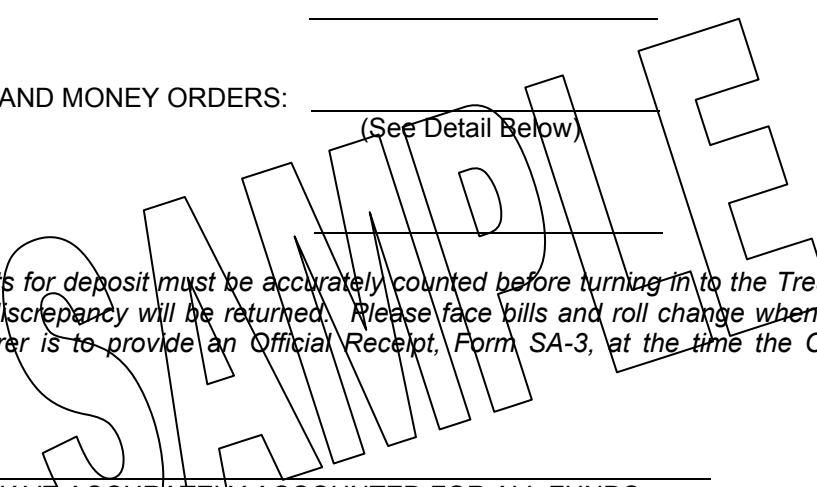
RECEIPT DETAIL:

CASH: _____

CHECKS AND MONEY ORDERS: _____ (See Detail Below)

TOTAL: _____

NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The Extra-Curricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Collection Summary is turned in.



I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS AND REPORTED THE SAME HEREIN (Signature of Fund Representative, Name is Printed Above)

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

Number	Amount	Number	Amount	Number	Amount	Number	Amount
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 _____

Staff Meetings _____

Awards _____

Other _____

Total _____

Total Eligible for Sale _____

Ending Inventory _____

Items Sold _____

Sale Price \$ _____

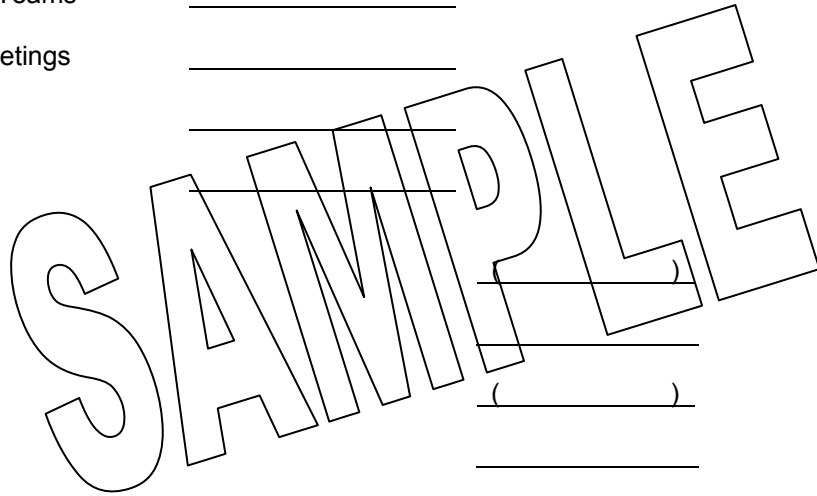
Projected Revenue (Items Sold @ Sale Price) \$ _____

Actual Amount Received \$ _____

Difference \$ _____

Signed: _____

Title: _____



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	E-F I Amount	Other

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

SAMPLE

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

SCHOOL FOOD SERVICE
DAILY RECORD OF CASH RECEIVED

School _____

LINE No	DATE	CASH RECEIVED FOR										PREPAID FOOD	PREPAID FOOD APPLIED	PREPAID FOOD TRUST	STATE MATCH FUNDS	FEDERAL		LINE No	
		TOTAL CASH RECEIPTS		LUNCH		OTHER RECEIPTS		BREAKFAST		KIND. SPECIAL MILK	STUDENT ALA CARTE					ADULT ALA CARTE	REIMBURSEMENTS		
		STUDENT	ADULT	STUDENT	ADULT	STUDENT	ADULT	PROGRAM	AMOUNT										
1																			1
2																			2
3																			3
4																			4
5																			5
6																			6
7																			7
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30																			30
31																			31
32																			32
TOTALS																			

SAMPLE

SCHOOL FOOD SERVICE
CASH DISBURSEMENTS

School _____

LINE No	Date	Check Number	Vendor/ Description	DISBURSEMENTS FOR							Description of Misc/Other Expense	TOTAL DISBURSED	PREPAID FOOD TRUST	AVAILABLE CASH BALANCE	BALANCE	LINE No
				Food	Labor - Service Area Direction	Labor - Food Prep. & Dispensing	Equip Purchase	Equip Repairs	Misc/ Other							
1																1
2																2
3																3
4																4
5																5
6																6
7																7
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32																32
TOTALS																

SAMPLE

