APPENDIX

Form SA-1	Purchase Order Accounts Payable Voucher
Form SA-2	Check
Form SA-3	Receipt
Form SA-4	Ticket Sales
Form SA-5-1	Financial Report
Form SA-5-2	Cash Reconcilement
Form SA-5-3	Detail or Receipts and Expenditures
Form SA-5-4	Bond of School Treasurer/Certificate of School Treasurer/Principal
Form SA-6	School Extra-Curricular Account
Form SA-7	
Form SA-8	
Form SA-9	Accountable items Review
Form TBR-1	Inventory of Rental Textbooks
Form TBR-2	Official Receipts – Individual Textbook Rental List
Form SF-1	School Food Service Certification of Meals provided Per Home Rule
Form SF-2	School Food Service Daily Record of Cash Received
Form SF-2 A	School Food Service Daily record of Meals/Mild Served
Form SF-3	School Food Service Cash Disbursements
Form SF-4	School Food Service ledger of Receipts, Disbursements and Balance
Form SF-5	School Food Service Ticket Control
Form SF-6	School Food Service Equipment Inventory
Form SF-7	School Food Service Food Inventory
General Form 101	Mileage Claim
General Form 350	
General Form 370	

FORM NO. SA-1 (Original)

Prescribed by State Board of Accounts

Form SA-1 (Revised 2001)

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

		No	
	SCHOOL EXTR	A-CURRICULAR ACCOUNT	
PAID BY CHECK: No	Date	DATE	-
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
	SAMAR			
		Total This Orde	r	

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

FORM NO. SA-1 (Duplicate)

Prescribed by State Board of Accounts

Form SA-1 (Revised 2001)

No. _____

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(Receiving Copy)

SCHOOL	EXTRA-CURRICULAR ACCOUNT
JUIUUL	

PAID BY CHECK: No.	Date	DATE	
Purchased From			
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
	SAME			
		Total This Orde		

Total This Order

Signed: _	Person Auth	orized to Purc	hase
(are) true	certify that the atta and correct and th thereon for whic and	hat the materia th charge is	als or services made were
Date:		,	
Signed: _	S	ignature	

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

Date: _____

Treasurer

__, ___

FORM NO. SA-1 (Triplicate)

Prescribed by State Board of Accounts

Form SA-1 (Revised 2001)

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(File Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

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

TO THE DISBURSING OFFICER:

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

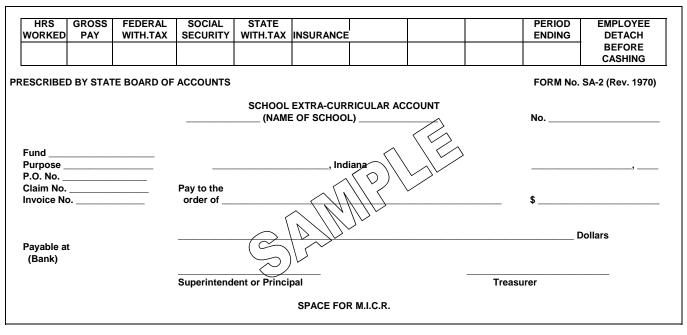
No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

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.

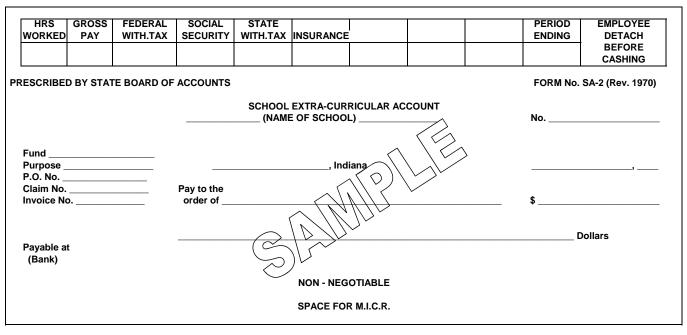
Quantity	Description		Unit	Price	Total
	SAMA				
			Total This Order	r	
Signed: Pers	son Authorized to Purchase	applicable		e is an unobligate o pay the above ,	
(are) true and corre itemized thereon	the attached invoice(s), or bill(s), is act and that the materials or services for which charge is made were ad except	(are) tru	certify that the	Treasurer attached invoice and I have a 10-1.6.	
		Date: _			
Signed:	Signature			Freasurer	

Prescribed Form SA 2 (Rev 1970)

CHECK



ORIGINAL

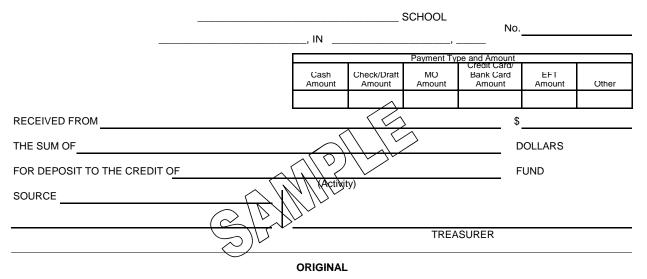


DUPLICATE

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 Typ	be and Amount		
	Cash Amount	Check/Dratt Amount	MU Amount	Credit Card/ Bank Card Amount	EF I Amount	Other
		\land				
RECEIVED FROM		$\langle \Box \rangle$	-	\$		
THE SUM OF			>	C	OLLARS	
FOR DEPOSIT TO THE CREDIT OF				F	UND	
SOURCE		y)				
	<u>_}</u>		TREA	SURER		
	DUPLICAT	E				

No

TICKET SALES

SCHOOL	TOWN OR CITY
GAME	DATE
OTHER	ACTIVITY

 TICKETS

 KIND
 ISSUED
 RETURNED
 TICKETS
 PRICE
 AMOUNT

 SERIAL NO.
 AMT.
 SERIAL NO.
 AMT.
 SOLD
 SALES

 Image: Series of the series of the

Made by _____

(Title)

Verified and Approved by

(Official or Sponsor)

ORIGINAL

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

No

TICKET SALES

SCHOOL	
GAME	
OTHER	

(Title)

TOWN OR CITY	
DATE	
ACTIVITY	

	Т	ICKET	5					
		_					TOTAL	
KIND	ISSUE	D	RETURN	IED	TICKETS	PRICE	AMOUNT	
	SERIAL NO.	AMT.	SERIAL NO.	AMT.	SOLD 1		SALES	
					\square			
				15	\sum			
			\land	$\Gamma, \backslash angle$				
			\frown	$(\land \land)$				
		S						
	TOTAL	\int						
		\bigcirc)-					

Made by _____

Verified and Approved by

(Official or Sponsor)

DUPLICATE

Form SA5-1

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 3	S	BALANCE END OF PERIOD 4	
	\$		\$	\$		\$	
		\langle					
)					
	\sim	\langle	\checkmark				
	$\langle / V_A \rangle$	$\mathbf{\Sigma}$					
\square	5						
\sim							
TOTAL ALL FUNDS	\$		\$	\$		\$	

FORM SA-5-2

CASH RECONCILEMENT

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	\$	
					$\langle \rangle$		
				\langle	\sim		
				()			
		~	$\left(\right)$	\land			
			\mathcal{N}_{l}	$\langle \rangle \rangle$			
		$\left(\right)$	\mathbb{N}				
		$\supset \lor \supset$	\searrow				
	(
		\sum_{i}					
CARRIED FORW	/ARD	\$		TOTAL		\$	

FORM SA5-3

DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

	FUND						
RE	ECEIPTS						
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	AMOL	JNT
	\$	
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 TREASURED
Name of Surety

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

SCHOOL EXTRA-CURRICULAR ACCOUNT

_____ FUND

NO. _____

DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9			<u> </u>	$\downarrow \square$	_		9
10		$-\overline{\langle \nabla \rangle}$	\mathbf{r}		_		10
11							11
12					_		12
13					_		13
14							14
15							15
16 17					_		16 17
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20					-		20
20							20
22					-╟		22
23					┢		22
24					-∦		23
25					-∦		24
26					┨─────┨		26
27					╢────┟		20
28					┨─────┨		28
29					┨─────┨		20
30			I		-11		30

Form SA-7 (Revised 2001)

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	
	SAMPL			\$	
		Total This Orde	er	\$	

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:	Time Frame of Fun (Fund)	draiser:
Reason for Receipts:	(Fundraiser, Field Trip)
		•)
Sponsor:	, Tit (Please Print Name)	le:
RECEIPT DETAIL:		
CASH:		~
Coin:		
CHECKS:		\Box
Money Orders:	(See Detail Below)	
TOTAL:		
found to have a discre Curricular Treasurer is t turned in.	deposit must be accurately dounted before turning i bancy will be returned. Please face bills and roll cl to provide an Official Receipt, Form SA-3, at the time	nange when possible. The Extra-
AND RE	ACCURATELY ACCOUNTED FOR ALL FUNDS PORTED THE SAME HEREIN	
(Signature of Fu	and 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	\$
		Amo	ount From A	dditional S	heets	\$	-
		0				¢	
		Gra	nd 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:	

Form TBR-1

INVENTORY OF RENTAL TEXTBOOKS

Date

_, ____

Name of School or School Corporation

NAME OF PUBLISHING COMPANY	NAME OF TEXTBOOK OR SERIES OF TEXTBOOKS	QUANTITY	RETAIL PRICE	TOTAL VALUE
			2	
				├ ───┤─┤
				+
				1 1

Form Prescribed	by State Board of Accounts	5						School Form No. TBR-2 (Rev. 1997)
		OFFICIA	L RECEIPT	S - INDIVII	DUAL TEX	TBOOK REM	NTAL LIST	
				S	CHOOL,		, INDIANA	A Receipt 0001
	Date			Name of Stu	dent		Grade	e
				Payment Ty	pe and Amount]
		Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other	
		Amount	Amount	Amount	Amount	Amount	Other	
								J
Quantity	,	Description	- Name - Series -	Code		Unit Price	Total Rental Fee	For Use of Issuing Officer
Quantity		Description	- Name - Genes -	Code			Rentari ee	T OF USE OF ISSUING Officer
					- 1 - 1 -	F3		
						5		ļ
			~~~					
				<u> </u>				
				MUL.				
			215					
			$\bigcirc$					
Total Receiv	ved					\$	\$	
							•	·
NOTE TO STU	IDENTS AND PARENTS							
Care should	be exercised in the use o	f rented textbooks	s in order that all b	ooks may be re	turned at the clo	se of the school te	rm in useable con	dition. For each textbook lost or returned
damaged be	eyond use, an additional cl	harge may be ma	de as determined	by school officia	als. Items availa	ble for classroom u	use not issued to s	students shall also be listed. If the volume e TBR-2 form and the form processed
	ence to such attached list i			enough to dema	and it, a copy of t	the printed list may		e TBR-2 Ionn and the Ionn processed
								Issuing Officer

	-			CER	TIFI	CATI				LS P			-		OME	E RU	LE				
	DAY OF MONTH MEAL PROVIDED																				
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

 NAME/POSITION
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
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 28
 29
 30
 31

 Image: Straight of the str

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

Authorized Signature

Date _____, ____,

SF - 1

School _____

#### 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 5  $\sim$ 6  $\sim$ \b  $\overline{}$ 8  $\overline{}$ 9 10 ДT 1/17 11 12 13 NV 1 1 V 14 14 15 Þ 16 16 17 17 18 19 18 19 20 20 21 22 23 24 25 26 27 28 29 30 31 32 21 22 23 24 25 26 27 28 29 30 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)

					NSLP				<b>[</b>		AFTE	R SCHOO	L SUP.						SBP							<u> </u>
LINE	Date	Nu		/leals Ser udents	ved	Paid	SF-1	Total	Nu	Imber of N To St			Adult	SF-1	Total	Nu	umber of M To St	/leals Ser udents	ved	Adult	SF-1	Total	K	indergart pecial Mi	ən ilk	LINE
⊐ No		Paid	Free	Redu.	Total	Adult Meals	Other Meals	NSLP Meals	Paid	Free	Redu.	Total	Paid Meals	Other Meals	SUP Meals	Paid	Free	Redu.	Total	Paid Meals	Other Meals	SBP Meals	Paid	Free	Total	⊐ No
1																									<u> </u>	1
3																										- 2
4																										4
5															$\langle \checkmark$	2									∥	5
7									-					$\neg \land$	$\rightarrow \overline{\langle}$	$\rightarrow$	-								∦	- 7
8																										6
9													$ \land $	$\nabla \Sigma$											<b></b>	9
10												$\overline{\langle}$	$ \land \land \land \land$												<b> </b>	11
12												$\sim$	N //													12
13												D /	$\Sigma$													13
14 15											$(\sim$	$\uparrow \uparrow$	>*												┫────	14
16		-							-		$\sim$			-	-			-			-	-				16
17											$\sim$															17
18 19																									<b> </b>	18
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21																										21
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23 24									-								-								∦	23
25																										25
26																										26
27 28												╟────				<u> </u>										27 28
29																										29
30																										30
TOT	ALS																									31

Date _____ Signature _____

#### SCHOOL FOOD SERVICE CASH DISBURSEMENTS

School____

	1										DIS	BURS	EME	NTS	FOR									1			
NINE N	Da 	ate	Check Number	Vendor/ Description	Labor - Labor - Service Food Area Prep. & Food Direction Dispensir		od p. &	P	Equip urcha	) Se		Equip			Visc/ Other	Description of Misc/Other Expense	DI	TOTAL SBURSEI	PREPA FOO TRUS	D	/AILAI CASH ALAN	1		BALAN	NCE	INE No	
1 2 3 3 4 4 5 5 6 6 6 7 7 8 8 9 9 10 11 122 13 13 14 15 16 6 17 7 7 8 8 9 9 9 20 21 17 7 18 19 20 22 22 22 24 22 24 22 22 22 22 22 22 22			Number		Food	Direction	Dispe										Misc/Other Expense				T						1           2           3           4           5           6           7           8           9           10           11           12           13           14           15           16           17           18           19           20           21           22           24           25           26           27           28
29 30 31																				 						+	29 30 31
32	TALS																 										32

School Form SF-3 (Revised 1998)

SCHOOL FOOD SERVICE
LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCE

CASH RECEIPTS CASH DISBURSEMENTS TOTAL CASH RECEIPTS SERVICE AREA DIRECTION PREPAID FOOD TRUST AVAILABLE CASH BALANCE A LINE No FOOD PREP. & DISPEN. BN LINE No MONTH SALES TO STUDENTS SALES TO ADULTS FEDERAL REIMB. OTHER RECEIPTS STATE MATCH TOTAL DISBURSEMENTS FOOD EQUIPMENT OTHER BALANCE 3  $\land$  $\langle \land$ 10  $\overline{}$ 10 11  $\langle 0 \rangle \langle$ 11 12  $\langle \langle \langle \langle \langle \langle \rangle \rangle \rangle \rangle$ 12 13 13 114 14 15 16 14 15 D 10.82  $\mathfrak{D}$ 16  $\leq$ 17 17 18 18 19 19 20 20 21 22 23 24 25 26 27 28 29 30 31 32 33 21 22 23 24 25 26 27 28 29 30 31 32 33

School Form SF-4 (Revised 1998)

School _

## SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

Ticket Numbers     School     Date     Signature	

SF-5

Page ____ of ____

## SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL	Date				
ITEM / DESCRIPTION	QUANTITY	PURCHASE DATE	BRAND NAME	MODEL OR SERIAL NUMBER	COST
			(O)		
	(C				
	$\langle$				

SF-6

Page ____ of ____

## SCHOOL FOOD SERVICE FOOD INVENTORY

		Beç End	ginning Inventory ing Inventory	\$ \$
Item Description	Unit Size	No. Units	Unit Cost	Total Value
	<u> </u>			
		<u> </u>		
 $\sim$				
 $\sim$				
 $\bigcirc$				

SF-7

ribed by State Board of Accounts						General	Form No. 101 ( 1955)
			MIL	EAGE CI	_AIM		
(GOVERNME	ENTAL UNIT)		то				
(OFFICE, BOARD,	DEPARTMENT OR INSTIT	TUTION)	ON ACCOL	INT OF APP	ROPRIATION NO FOR		
DATE	FROM	ТО	SPEEDO READ	DING+		AUTO MILES	MILEAGE @¢
20	POINT	POINT	START	FINISH	NATURE OF BUSINESS	TRAVELED	PER MILE
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						┨───┤──	
						┨────┤───	
						╂────┠──	
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						┨────┤───	
						╂────╂───	
I 1	AUTO LICENSE NO.		II.	I	TOTALS		

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

_____

Г

Claim No Warrant No IN FAVOR OF	I have examined the with certify as follows: That it is in proper forr That it is duly authenti by law. That it is based upon s That it is apparently	n. cated as required
S On Account of Appropriation No for	Disbursing	g Officer
Allowed, 20		I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me a was necessary to the public business; and that the rate per mile is ir accordance with statutes or governing ordinances, except
(Board or Commission)		and correct; that the mileage is made was ordered by me ar and that the rate per mile is in ordinances, except ordinances
FILED		that the mileage ordered by me and rate per mile is in except

(Official Title)

## **REGISTER OF INVESTMENTS**

Name of Unit

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

												_							INTE	REST	
Date of	Nature of	Serial	SAFEKEEPING	RECEIPT	Maturity	Rate of	Maturity		AMOUNT Accrue	PAIE d	)	Dat Sold	e or	A	MOUN	NT RECE	IVED Total	E	ARNED	REC	EIVED
Purchase		No.	Issued By	No.	Date	Interest	Value	Principal	Interes	t	Total Paid	Redee	med	Principal		Interest	Receive	d Date	Amount	Date	Amour
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																	1				
				1	1							1					1		1	1	

Interest Earned for Each Investment on Hand at December 31. - Calculated By: Multiply: Interest Principal X (Times)

Number of Days from Date of Purchase to December 3 Divided By: 360 (Days) (Investments purchased and then either sold or redeemed in the same calendar year don't need a calculation because interest earned equals interest received.)

Fund

General Form 370 (1997)

Governmental Unit

# **RECEIPT REGISTER**

																														F	Paym	ent T	ype a	nd A	mou	int								٦
Receipt Date	Receipt Number	Re Ar	eceij noui	ot nt		Red	eived	Fron	n		Fun	d		I	Desci	ription						Cash Amount			Check/Draft Amount						MO			Cre Ba	edit C	Card/ Card unt			EFT nount		O	Other		
				П																						П																		
				Π																																T								
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