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.

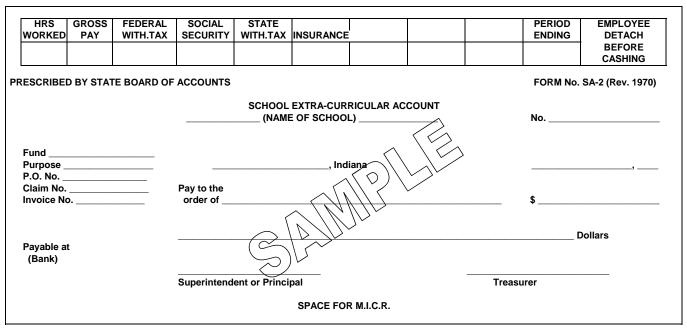
No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

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.

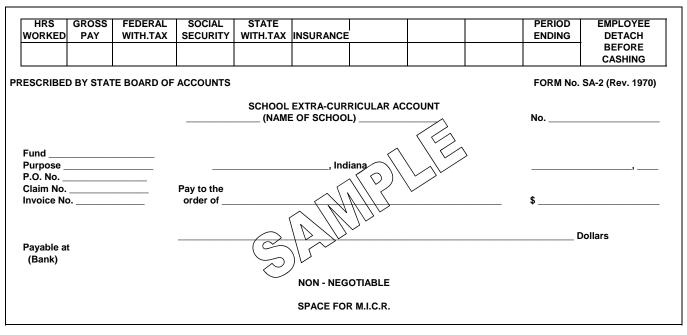
| Quantity | Description | | Unit | Price | Total |
|--|---|------------|------------------|--|-------|
| | SAMA | | | | |
| | | | Total This Order | r | |
| Signed: Pers | son Authorized to Purchase | applicable | | e is an unobligate o pay the above , | |
| (are) true and corre itemized thereon | the 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

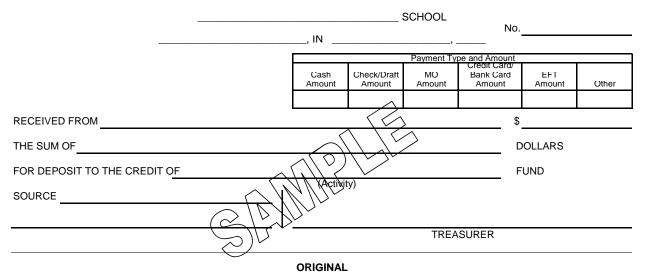


DUPLICATE

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 | |
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| | TOTAL | \int | | | | | | |
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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 | |
|-----------------|--|-------------------|-----------------------------------|------------------|---|----------------------------------|--|
| | \$ | | \$ | \$ | | \$ | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 | \$ | |
| | | | | | $\langle \rangle$ | | |
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| | | \sum_{i} | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 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 |
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| 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> |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 |
|----------------------------------|--|----------|-----------------|-----------------|
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| 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 |
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| | | | 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 |
| | | | | | | | | | | | | | | | | | | | | | |
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 NAME/POSITION
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 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 | | | | [| | 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 |
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Date _____ Signature _____

SCHOOL FOOD SERVICE CASH DISBURSEMENTS

School____

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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 | |
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Page ____ of ____

SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

| SCHOOL | Date | | | | |
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Page ____ of ____

SCHOOL FOOD SERVICE FOOD INVENTORY

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| ribed by State Board of Accounts | | | | | | General | Form No. 101 (1955) |
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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

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| 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 |
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| 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.)

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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

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