

TREASURER'S OFFICE FORMS

Leave Forms

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LEAVES - FORM EXPLANATION

Jury Duty

Refer to Negotiated Agreement.

Over-Time Authorization

Forms must be completed and approved in advance by your Supervisor. After completion these are to be given to the Treasurer's office. Use of over-time must be agreed upon and pre-approved by your supervisor.

Personal Leave

Refer to Negotiated Agreement.

Professional Leave

Refer to Negotiated Agreement.

Sick Leave

Forms must be completed upon return to work and placed in the Treasurer's Mail Box. Failure to do so may result in non-payment for the leave taken.

Sick Leave/Jury Duty Report Form

This form is to be filled out immediately upon return from sick leave or jury duty and returned to the Treasurer's office.

Vacation Form

Forms must be completed and approved in advance by the Executive Director (Article 9 - OAPSE). After completion these are to be given to the Treasurer's office.

Youth Day

Prior written approval of the Executive Director and submit proof of attendance. (Article 28 - EEA)

OVER-TIME AUTHORIZATION FORM
(MUST BE PRE-APPROVED)

PRE-AUTHORIZATION by Supervisor:

Supervisor Signature _____ Date(s) _____

- - - - -

Name of Employee _____

Date(s) Earned _____ Hours Earned _____

Reason for Over-time _____

SUPERVISOR'S SIGNATURE _____

EMPLOYEE'S SIGNATURE _____

NOTE:

Please return to Treasurer's Office when completed for payment.

-- -- -- -- --

For Auditor of State:

Date Paid _____

ADULT EDUCATION PERSONAL LEAVE REQUEST

Name of Applicant _____ Date of Application _____

I request _____ day(s) of personal leave on _____,

Reason for Request: Personal Business _____

Other Reason (explain) _____

Substitute Required: YES or NO (Circle One)

Each employee is entitled to two (2) personal days from July 1, through June 30, upon written request to the office of the Superintendent. One (1) week advance notice must be given except in emergency situations. When possible, 24 hours notice is preferred. The personal days **SHALL NOT** be deducted from sick leave. Personal leave will be considered in the order of application.

Approved _____ Disapproved _____

Supervisor _____ Date _____ Superintendent _____ Date _____

EEA PERSONAL LEAVE REQUEST



Name of Applicant _____ Date of Application _____.

I request _____ day(s) of personal leave on _____.

Substitute Required: (Check One) _____ YES or _____ NO

Each employee is entitled to three (3) personal days per school year upon written request to the office of the Superintendent without regard to reason. One (1) week advance notice must be given except in emergency situations. When possible, 24 hours notice is preferred.

The personal days shall not be deducted from sick leave and **MAY NOT** be used a day prior to or a day following a School Holiday, Vacation or Professional Leave. No more than 6% of the teaching staff, nor more than 50% of a program, academic department or cluster requiring substitutes, may take personal leave at any one time.

Personal leave will be considered in the order of application.

Approved _____ Disapproved _____

Supervisor _____ Date _____ Superintendent _____ Date _____

PERSONAL LEAVE GENERAL REQUEST

Name of Applicant _____ Date of Application _____

I request _____ day(s) of personal leave on _____

Reason for Request: Personal Business _____

Other Reason (explain) _____

Substitute Required: _____ YES or _____ NO

Each employee is entitled to three (3) personal days from July 1 through June 30, upon written request to the office of the Superintendent. One (1) week advance notice must be given except in emergency situations. When possible, 24 hour notice is preferred. The personal days **SHALL NOT** be deducted from sick leave. Personal leave will be considered in the order of application.

Approved _____ Disapproved _____

Supervisor _____ Date _____ Superintendent _____ Date _____

OAPSE PERSONAL LEAVE REQUEST

Name of Applicant _____ Date of Application _____

I request _____ day(s) of personal leave on _____.

Substitute Required: _____ YES or _____ NO (Circle One)

Each employee is entitled to three (3) unrestricted personal days per school year upon written request to the office of the Superintendent. Personal leave is intended for personal business that cannot be performed outside of the employee's scheduled work day. One week advance notice must be given except in emergency situations wherein twenty-four hours notice is required. Personal leave is non-cumulative from year to year. Personal days shall not be deducted from sick leave and **MAY NOT** be used a work day prior to or the work day following a holiday or break. The Superintendent "upon approval" may allow one exception to this provision within a contract year. No more than ten percent (10%) of the certificated employees may take personal leave at any one time, but no more than one (1) employee in any classification.

Please refer to Article 19 of the OAPSE Negotiated Agreement for Personal Leave details.

Approved _____ Disapproved _____

Supervisor _____ Date _____ Superintendent _____ Date _____

PROFESSIONAL LEAVE REQUEST

Name of Applicant(s) _____ Date of Application _____

I request permission to attend _____

Location of _____ Time of Meeting _____

Date(s) of Meeting _____ Substitute Required: Yes _____ No _____

Estimated Cost: Registration _____ Lodging _____ Food: _____

Transportation: EHOVE Vehicle _____ Mileage (When EHOVE Transportation not available) _____

(Please make arrangements with Sandy Deering, Ext 270 for an EHOVE Vehicle when available.)

A copy of this approved/disapproved request will be returned to the applicant. It is recommended that the applicant review Professional Leave regulations in the Negotiated Agreement.

A *Monthly Activity/Mileage Report form for Professional Leave* must be completed in order to receive reimbursement for approved expenses. If requesting prepayment of registration and/or lodging please attach MSE and registration form.

Approved _____ Disapproved _____

Supervisor _____ Date: _____ Superintendent _____ Date _____

SICK LEAVE/JURY DUTY REPORT FORM

NAME _____

CHECK ONE:

SICK LEAVE _____

JURY DUTY _____

☐ 1/4 Day

☐ 1/2 Day

☐ 3/4 Day

☐ Full Day

DATE(S) OF ABSENCE _____

IF ABSENCE IS TO BE DEDUCTED FROM SICK LEAVE:

REASON FOR ABSENCE _____

WERE YOU AWAY FROM HOME FOR ANY REASON DURING THIS ABSENCE?

YES _____ NO _____

DID YOU GIVE NOTICE TO THE SCHOOL OF YOUR ABSENCE? YES _____ NO _____

TO WHOM WAS THE NOTICE GIVEN? _____

ARE THERE OTHER FACTS RELATIVE TO YOUR ABSENCE THAT YOU WISH TO MAKE?

Note: A doctor's certificate of ability to return to work must be submitted following an extended leave of absence.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

Date

Employee's Signature

Upon completion, please place in Treasurer's mail box.

APPROVED _____ DISAPPROVED _____

SUPERVISOR _____ Date _____

VACATION REQUEST

Date _____

EMPLOYEE NAME _____

Vacation Days Requested _____

Vacation Days Remaining _____

Employee Signature _____

Supervisor Signature _____ Date _____

Executive Director Signature _____ Date _____

EHOVE YOUTH DAY - APPLICATION FORM

Youth hours are paid for non-scheduled hours as approved by the Administration during which the instructor attends activities with or for students. Maximum of 40 youth hours/year, 7 ¼ hours/activity. (Refer to Negotiated Agreement Article 28.)

Staff Member - Name

Youth Group

PRIOR APPROVAL

Date Submitted _____

Date of Youth Activity _____

Purpose of Activity _____

Estimated Hours Requested: Date _____/Hours: _____ Date _____/Hours: _____

Program Administrator Signature

Date

Executive Director Signature

Date

(Once prior approval has been given by the Program Administrator, the original form is returned to the Staff member and a copy is submitted to the Executive Director. It is suggested that the Program Administrator keep a copy.)

FINAL APPROVAL

Time Activity Begins _____ Time Activity Ends _____

Total Hours Requested: Date _____/Hours: _____ Date _____/Hours: _____

Staff Member Signature

Date

Program Administrator Signature

Date

Executive Director Signature

Date

Treasurer's Office Paid

Date

(Once the activity has been completed, the staff member should submit this form to their Program Administrator for final approval. The Program Administrator should sign and forward the original to the Executive Director.)

MONTHLY ACTIVITY/MILEAGE/TRAVEL SUMMARY

Any person traveling for the school for any purpose shall use the monthly activity summary as the record of travel, purpose of travel and mileage report.

Each location a person visits shall have the following items listed:

1. Month
2. Day
3. Time
4. Destination
5. Purpose of visit
6. Mileage per visit

Submit in duplicate to your supervisor monthly. Reimbursement will not be made if receipts are not included. Taxes and tips are not eligible for reimbursement.

Due to new IRS regulations, meal reimbursements for a **DAILY** function are now considered a taxable benefit. The amount you are reimbursed will be shown on your W-2. Meal reimbursements for **OVERNIGHT** functions are not considered a taxable benefit.

Every effort should be made to secure EHOVE transportation.

Supervisors will submit original summaries to the treasurer by the 10th of the following reported month. A calculator tape shall be attached to each individual's reports totaling mileage for a month. Any prepaid items should not be listed. For example: September's report is due by October 10.

NOTE: Mileage will NOT be paid if reports are not turned in on time. For example: If September's report is not in by October 30, it will not be paid.

MONTHLY ACTIVITY/MILEAGE REPORT

PROFESSIONAL LEAVE REIMBURSEMENT

NAME _____

****REMEMBER TO COMPLETE BACK PAGE**

DATE	TIME	DESTINATION/PURPOSE OF VISIT/PERSON CONTACTED	MILEAGE PER VISIT	REGIS. COST	HOTEL	PARKING	MEALS	OTHER
		TOTALS						

SUPERVISOR: _____ TOTAL MILEAGE: _____ TOTAL PROFESSIONAL LEAVE COST(INCLUDING MILEAGE): _____

SUPERINTENDENT: _____ MILEAGE DUE x **IRS Rate*** _____ (ATTACH RECEIPTS)

*See S: Drive for Rate

REPORT FORM FOR PROFESSIONAL LEAVE

Form must be filed with Treasurer for any claims for reimbursement. Claims will not be paid until form is complete. Be sure to complete the other side for reimbursement.

Name of Individual _____ Date _____

Purpose of Meeting _____ Location _____

Activity: (one page) provide a complete summary of professional leave activities that will most contribute to the growth of EHOVE's students through attendance at this meeting.

The EHOVE Career Center Board of Education hereby approves the expenditure of public funds to purchase coffee, meals, refreshments, and other amenities for its officers, guests, and employees in conjunction with meetings held for a public purpose.

EHOVE CAREER CENTER
TUITION REIMBURSEMENT
Refer to Article 41 – Educational reimbursement

Fiscal Year _____

Request for educational reimbursement must be made in advance of class enrollment. Please complete the section below and present to the LPDC and to your immediate supervisor.

Employee_____

Course Title_____

College/Univ_____

Course Dates_____

Supervisor's Signature_____

LPDC representative's signature_____

Date Approved _____

After the class is completed, attach to this form a grade card or transcript along with the invoice of the class and return to the Treasurer's office by August 1. Payment shall be made by the second pay of August.

Cost_____ Tuition only – attach copy of invoice

Employee Signature_____ Date_____

Supervisor_____ Date_____

Treasurer's Office

Was employee active at time of course work? (yes/no) _____

Was employee employed during the entire school year? (yes/no)_____

Course grade _____ (*Must be "B" or better or "passing"*)

Date verified _____ Date paid_____ Amount paid_____

EHOVE DONATION POLICY

Donations can be beneficial to the operation of EHOVE programs. Donations to EHOVE must serve a purpose. They shall not be accepted without Board approval. Donations to EHOVE must improve the curriculum of a program or programs. EHOVE has in the past and will continue in the future to provide the items needed to train students in their occupational area.

The following procedures are to be adhered to regarding donations:

1. Donations will be accepted for the instructional value only.
2. All donations are to be processed through the Director's office and accepted after Board approval only. (See Executive Administrative Assistant or your supervisor).
3. EHOVE will not put a value on the items(s) donated. EHOVE will send a letter of courtesy to the donor.
4. All donations become the property of EHOVE and not the property of a program or program's instructor.
5. No individual shall accept any items as his or her personal property when it is offered as a donation to EHOVE.
6. All items donated shall be accepted by the Board, only upon the donor signing a statement that the listed item or items (with serial numbers) are free and clear of any financial obligations or any restriction as to their use of disposal.
7. All donated items will be assigned to a program and remain in that program unless permission is granted by the Director for a change.
8. All donated vehicles require a clear title with mileage stated and signed over to EHOVE before the vehicle can be accepted.
9. Complete "Donations to the Career Center" form.

Donations to the Career Center

All donations to the Career Center must be approved by the receiving teacher, their immediate supervisor and the principal. This form should be used to collect the needed information and to help properly track the donation.

Monetary donations of \$50.00 or more will be recognized by the Board of Education and all equipment donations, regardless of value, will also be recognized. The Board of Education will send a letter of acknowledgment to the person or company making the donation.

The following information is needed for all donations to the Career Center.

- Donor's Name: _____
- Address: _____
- City/State/Zip: _____
- Phone No.: _____
- Description of Item: _____

- Serial Number: _____
- Estimated Value: _____
- Title of vehicle (attached, if applicable): _____

The program receiving the donation and the intended use.

- Career Technical Program: _____
 - Instructor's Name: _____
 - Date: ____ / ____ / ____
 - Purpose (check one) ☐ Educational Use ☐ Fund Raiser ☐ General
☐ Customer Service ☐ Vocational Club ☐ Other _____
-
- If for educational use – How will it be used? _____

Routing of Donation Form:

- ☐ Immediate Supervisor
- ☐ Superintendent/Treasurer's Office (include title, if applicable)

COMPLETING REQUISITION FORMS

No purchase shall be made before a Requisition Form is approved by the treasurer's office and a purchase order number has been assigned.

When completing the Requisition form, please make sure each form has the following information noted:

1. Approved Vendor (Please check the Approved Vendor List (S:/Staff Handbook/Treasurer's Office Forms/Approved Vendor List (Excel). A New Vendor Information Sheet (S:/New Vendor Information) must be completed if the Vendor is not currently on the list.
2. Vendor's name
3. Vendor's complete address
4. Vendor's telephone number and fax number, if available
5. Program name
6. Program number
7. Date
8. Quantity to be ordered
9. Item description
10. Cost each (current price)
11. Total cost of purchase(s) **plus shipping costs**
12. Date order is needed by
13. Indicate who is placing the order (if nothing is indicated it will be assumed the person initiating the order is also placing it)
14. Supervisor's signature

If the above information is not completed the requisition will be returned to you to complete properly. Take special note of line numbers 10 and 11.

When information is entered into the computer, the computer automatically multiplies the quantity times each cost. If the Requisition is not completed properly, the total cost will not be correct.

All Requisition forms must have correct coding entered by the supervisor.

Please allow two weeks for processing.

ACCOUNTING PROCEDURES EHOVE REQUISITION ROUTING

1. Teacher initiates materials and supply request/student activities Requisition found on the S:\Staff Handbook\Treasurer's Office Forms\MSE Fill-in Form.pdf. Note this is a PDF file so you must select all file types.
2. If you are using a vendor not on the approved vendor list (S:/Staff handbook/Treasurer's Office Forms/Approved Vendor List) a New Vendor Information Sheet (S:/Forms/New Vender Information) **must be completed.**
3. Teacher – Completed Requisition form sent to supervisor
4. Supervisor – Original signed requisition to treasurer's office
– Keep copy for file if needed
5. Treasurer's Office – generate Purchase Order
6.
 - a. Warehouse – blue copy
 - b. Treasurer's Office – yellow copy
 - c. Vendor – white copy
 - d. Supervisor – Xeroxed copies go to instructors
7. Vendor delivers item to warehouse only (*if item is delivered to staff member please notify warehouse immediately*)
8. Warehouse notifies staff member that item is in warehouse.
9. Teacher stock requisitions item from warehouse via supervisor.

Note:

Any vendor accepting any order without an accompanying purchase order, which is properly signed, from EHOVE Career Center will automatically relieve the school of the financial liability for purchases. (SECTION – 2-2-6, UCC and Ohio Revised Code 5705.45.41.)

****A word of caution needs to be extended to staff members who are not aware of this law. Under Ohio Revised Code 5405.41, any purchase made without such authorization shall make the purchaser "Personally liable for the full amount of the contract or obligation."**

EHOVE Career Center

New Vendor Information Sheet

Vendor Name_____

Street Address_____

City, State, Zip_____

Phone#_____ Fax#_____

Principal Contact _____

Website _____

Taxpayer ID Number _____

Office Use:

Date: _____ Phone Number Verified _____ Website Visited _____

Web Site Verification _____

Other Verification _____

Staff Member Submitted by: _____

EHOVE CAREER CENTER – REQUISITION FORM

VENDOR	VENDOR NUMBER	PROGRAM
STREET NO.		DATE
CITY	STATE	ZIP CODE
		P.O. #

VENDOR PHONE NUMBER: (____) _____

FAX: (____) _____

QTY.	ITEM DESCRIPTION	CATALOG PG/ORDER #	CODE	COST EACH	TOTAL COST
SUB-TOTAL					
REQUIRED - SHIPPING & HANDLING					
TOTAL COST					

ORDER TO BE PLACED BY (CHECK ONE) ☐ SELF ☐ OFFICE**

**ORDER TO BE (CHECK ONE) ☐ MAILED IN ☐ FAXED IN

FUND	FUNCTION	OBJ	SPCC	SUBJECT	OU	IL	JOB	AMOUNT
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>

STAFF MEMBER SIGNATURE _____ TREASURER _____

SUPERVISOR _____ SUPERINTENDENT _____

EHOVE WAREHOUSE STOCK REQUISITION

Warehouse Hours (Building G) 7:30 am – 3:30 pm M-F

Don Smallwood, Warehouse, Ext 220

Kathy Schenk, Secretary, Ext 320

Date: _____ Program: _____

Requested By: _____ Supervisor's Approval _____

Deliver to: _____

Special Instructions: _____

Quantity	Description	For Warehouse Use Only
	3 Hole Punch	
	Chalk (Yellow and White)	
	Dry Erase Markers	
	Dry Erase Spray	
	EHOVE Envelopes: 4 1/8" x 9 1/2" (Standard letter size #10 envelope) 6" x 9" 9" x 12" 10" x 13" 11 1/2" x 14"	
	EHOVE Letterhead	
	Erasers	
	Hanging File Folders (Legal and Letter)	
	Index Cards – Ruled or Plain	
	Legal Pads	
	Manila Folders	
	Overhead Markers	
	Paper Clips (Regular and Large)	
	Pens (Black, Blue , Red)	
	Permanent Ink Markers (Black, Blue, Red)	
	Post - It Notes – 3" x 3" Canary	
	Rubber Bands	
	Scissors	
	Scotch Tape	
	Staple Remover	
	Staplers and Staples	
	White Out	

PERSONAL COPY REQUEST/CHARGES EHOVE CAREER CENTER

QUANTITY	SIZE	Black & White		Color		Phaser Printers	Extended Amount
		Single Sided	Double Sided	Single Sided	Double Sided		
	8.5 X 11	\$0.05	\$0.10	\$0.10	\$0.20	\$0.25	
	8.5 X 14	\$0.05	\$0.10	\$0.10	\$0.20	\$0.25	

TOTAL DUE

\$

NAME

Please submit payment with copy request form.

- 1) Any personal copies should be presented to the following support personnel to be completed:
Linda Horne, "A" Bldg Sandra Deering, "D" Bldg Adult Ed Office, "F" Bldg Ad Ed Kay Schindley, "F" Board Office
- 2) Cost of copies is included with this form and will be reviewed periodically and adjusted for cost increases to EHOVE.
- 3) Form must be completed for all requests.
- 4) NO personal copies should be made on computer printers.

Checks should be made payable to: EHOVE Career Center

Equipment Removal and Addition Form

NEW EQUIPMENT

- | | |
|----------------------|-----------------------|
| 1. Building _____ | 9. Date _____ |
| 2. Room # _____ | 10. Cost _____ |
| 3. Program _____ | 11. Function _____ |
| 4. P.O. # _____ | 12. Object _____ |
| 5. Category _____ | 13. Fund _____ |
| 6. Tag # _____ | 14. Job No. _____ |
| 7. # of Items _____ | 15. Lease Pymt. _____ |
| 8. Description _____ | 16. Asset Code _____ |
| _____ | 17. Vendor No. _____ |

ACCOUNT CODE

(Board Office Use)

Equipment Transfer

- | | |
|--|-----------------------------|
| 1. Item # Removed _____ | 3. Building Moved |
| | From: Bldg. _____ Rm. _____ |
| 2. If no longer needed, give reason,
Auction or destroy.
_____ | To: Bldg. _____ Rm. _____ |

Teacher/Maintenance Signature _____

Date _____

Supervisor Signature _____

Date _____

EHOVE WORK/EQUIPMENT/TECHNOLOGY REPAIR ORDER

In order to efficiently address maintenance requests and technical support issues, an online work order system has been implemented to submit work order requests to Maintenance and the Technology Department. The systems have been named Maintenance Direct (for maintenance requests) and IT Direct (for technology requests).

To submit a work order request to either of these systems:

- 1.) Go to www.ehove.net
- 2.) Click “Staff Resources” near the top of the page, Click the “Work Orders” button along the right side of the page. Enter your email address in the box and click Submit.
 - If it is your first time using the system, it will prompt you to enter your name and phone number. This will only occur the first time you log in. You will only need to enter your email address for any subsequent requests.
- 3.) If you need to make a maintenance request, click “Maintenance Request” at the top of the page or click “IT Request” for technology requests.
- 4.) Fill in the following fields:
 - Location: the building in which the request will need to be completed.
 - Area (optional): a description of where the work needs to be performed.
 - Area/Room Number (optional): to specify a specific room number.
 - Problem Type: the type of problem you are requesting completed.
 - Problem Request: a description of the request.
 - Time Available for Maintenance (for maintenance requests).
 - Requested Completion Date (optional).
 - Attachments (optional): you can attach up to two files for attaching Word files or maps if needed.
 - Submittal Password (required): the password is “**ehove**”.
- 5.) Click the “Submit” button.

When you submit a work order you will be automatically emailed a confirmation of your request with a work order number. You can view all of your requests and check the status of those requests by logging back into the work order system and click on the “My Requests” tab at the top of the page.

PROCEDURE FOR HANDLING OF FUNDS ACTIVITY AND/OR SERVICE CONNECTED

School policy is: all monies due EHOVE Career Center for student fees, rental, books, and customer service shall be paid directly to the Treasurer's office. No teacher shall collect any fees, customer service money, or activity money except customer service fees in cosmetology and food service, which will be collected in the departmental office. These monies, with a summary of customer work involved, will be deposited with the treasurer's office by 2:30 p.m. daily.

The designated student activity fund treasurer of said funds shall maintain adequate records of receipts and disbursements of monies and shall render monthly reports of the status of all organizational funds.

Service fees and student fees shall be deposited daily with the treasurer. Fees and customer service fees are not activity monies.

The maintenance of separate funds or acceptance of gratuities by a teacher is in direct violation of school policy and state school regulations. Failure to comply with school regulations places the teacher in jeopardy and can be sufficient grounds for dismissal.

Customers in the various shops are to be given a bill or service order indicating the amount due. They are to bring two copies to the treasurer's office in the Board office and pay the amount due. The customer will be given a receipted copy and can then pick up the automobile or equipment serviced.

Activity money – that money collected as due or from money raising activities, or leadership activities by a group or organization shall be deposited daily in the treasurer's office, by the treasurer of said student organization.

Each student organization must submit a budget showing intended expenditures and expected revenues for board approval. No fundraising is permitted without prior approval and no fundraising by any persons other than established organizations.

No blank checks will be written.

Students must provide itemized invoices at all times to be reimbursed for competition, convention, meals, etc. No cash advances.

Supplies needed for activity events must be handled through the billing system of that company or corporation.

We, as a school, are tax exempt. This means, we cannot pay sales tax charged to us. Be sure to make this clear to everyone.

EHOVE CAREER CENTER

GUIDELINES FOR REPORTS AND OPERATING STUDENT FUNDRAISING PROJECTS

1. All youth organizations who wish to have an approved account classified as EHOVE student activity must submit a budget with purposes of the organization, including dues to be collected for membership, estimated revenues and estimated disbursements for the school year.
2. Staff members who supervise student fundraising projects will be responsible for submitting documentation of income and expenses on the respective project on Form A-2. The Project Potential Form, A-1 must be prepared prior to the signing of any contracts or the ordering of any goods. Form A-1 must be approved by the Board Treasurer and a Requisition form prepared before the Board will authorize any fundraising project expenditures.
3. Back-up data for these fundraisers shall consist of invoices, student participation lists (Form A-2), sales slips and receipts.
4. Individual student records will be kept by the club treasurer to support unpaid collections and the Form A-2
5. Restriction on number of items taken by students at any one time should be limited to reduce loss, spoilage, and unpaid collections.
6. At the conclusion of the respective projects, copies for Form A-2 , A-3 (if needed), will be submitted to the district treasurer for audit. All reports must be completed within two weeks after the project has finished.
7. Payment of bills will only be made if original itemized invoices are submitted to the district treasurer with a prior authorized purchase order on file. (Cash register tapes and/or note cards are not invoices).
8. No items may be purchased in advance of a purchase order **or from cash.**
9. No installment payments on account will be made.

STUDENT ACTIVITY REQUISITION PROCEDURE

1. No blank checks will be written.
2. Club advisors and chaperons can be reimbursed through student activities for prepayment of registration for only state and national conventions and competitions. The EHOVE Board of Education will reimburse the student club after the advisor completes the professional leave requirements.
3. Students must provide itemized invoices at all times to be reimbursed for competition, convention, meals, etc. No payment will be made without itemized invoices. No cash advances.
4. Supplies needed for activity events must be handled through the billing system of the company or corporation. In the past, teachers picked up and paid for supplies and then student activities reimbursed them for the amount – this will no longer be done.
5. We, as a school, are tax exempt. This means we cannot pay for sales tax charged to us. Be sure this is made clear to everyone.
6. Refunds to students will be made when a pay-out voucher is processed by the club treasurer. These refunds will be made monthly.

PAY-IN RECEIPTS PROCEDURE

1. The club treasurer or advisor should bring money, to be deposited, to the district treasurer or his designee in “F” Building. Money must be counted first and turned in within 24 hours of collection.
2. District treasurer or designee will give club treasurer a receipt of the money deposited and a second copy to the club supervisor.
3. Club treasurer is the only one who can collect and deposit money with the district treasurer or designee.

NOTE: Large clubs may want to elect one or two assistant treasurers to help process club activities money.

EHOVE CAREER CENTER STUDENT FUNDRAISING PROJECTS/STUDENT PARTICIPATION FORM

PROJECT _____ PURPOSE _____

PROGRAM_____ DATES_____

[illegible]

EHOVE CAREER CENTER
SALES PROJECT POTENTIAL FORM
STUDENT ACTIVITY FUNDS

Student Activity Fund _____

Proposed Sales Project _____

Company or Vendor _____

Sales Representative _____ Phone # _____

Quantity to be Ordered _____

Cost Per Unit _____

Projected Costs _____

(Please complete a detailed listing and attach if more than one item or price, and estimate any additional costs.)

Proposed Sale Price _____

Estimated Profit/Loss _____

Advisor Signature

Principal Signature

Date

Treasurer Signature

Supervisor Signature

This form must be completed prior to the issuance of any purchase orders for expenditure of student activity funds. Retain after Treasurer has signed and turn in with Forms A-2 and A-3.

**EHOVE CAREER CENTER
STUDENT FUNDRAISING PROJECT
STATEMENT OF INCOME AND EXPENSES
(To be completed by project sponsor)**

Project _____ Date _____

Income:

<u>Quantity Sold</u>	x	<u>Unit Selling Price</u>	=		<u>Total Sales</u>
_____		_____	=	_____	
_____		_____	=	_____	
_____		_____			\$ _____

NOTE: All receipts should be attached to this form OR a recap sheet showing the receipt numbers, date and amounts.

Expenditures:

Quantity Purchased x Unit Purchase Price = Cost of Merchandise

_____ = _____
 _____ = _____

Check Number _____ Date Paid _____ Amount Paid _____

If more than one check, list on the back and total here.

Gross Profit (Total sales minus Cost of Merchandise) _____

Less Adjustments

Merchandise Returned (Quantity x Unit Price) _____

Transportation Cost (If not in Merch. Cost) _____

Other charges (list)

Total Other Charges (attach explanation) _____

Total Adjustments

Net Profit/Loss

Special Information

 Treasurer

 Advisor

 Supervisor

 Principal

This form must be completed no later than 2 weeks after project is complete.

Date _____

Student Ticket Color _____

Tickets Used	From	To	Quantity
Adults	_____	_____	_____
	_____	_____	_____

Students _____

Total Tickets Sold

	Quantity		Price		Total
Adults	_____	X	_____	=	_____
Students	_____	X	_____	=	_____

Cash Deposited \$ _____

Supervisor/Advisor Signature _____

S:\Staff handbook\Treasurer's Office Forms\Student Activity 08/04 Reviewed 08/09