

SCHOOL ACTIVITY FUND FUNDRAISER & CROWDFUNDING APPROVAL		
School		
Name of Activity Account or External Booster Organization		
Name & Type of Event (product/nonproduct/crowdfunding)		
Company of Website (if applicable)		
Sponsor		
Date(s) Scheduled		
Purpose of fundraising activity:		
Items to be sold or items requested for donation:		
Beneficiary/sport of fundraising activity:		
Names of adult supervisors at activity (chaperones, custodians, etc.):		
Anticipated Profit & Plans for Excess Funds		
Projected Event Gross Revenue	Projected Event Expenses	Projected Net Profit
Plans for excess funds:		
<p>No Fundraiser Crowdfunding Event is to be scheduled or held until the Redbook F-SA-2A has been completed, approved and on file with the school bookkeeper. Each school is required to submit an annual Master Fundraising Request List comprised of all F-SA-2A requests no later than 7/1; however, if an additional request must be generated t/o the year an original F-SA-2A must be submitted directly to the Finance Department for approval. It is the sponsors responsibility to ensure all additional Redbook forms associated with the fundraiser crowdfunding event are completed in a timely manner. If applicable: F-SA-5/Monthly Inventory or F-SA-2B/Fundraiser Summary.</p>		
Required Approvals		
Check One: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Sponsor _____	Date	Principal _____
		Date
SBDM Council (If Council Policy) _____	Date	Superintendent - If Applicable _____
		Date
Additional Approval Required for all Crowdfunding - OCBE Policy 3045		
Chief Finance Officer (Required for Crowdfunding) _____	Date	Check One: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

**SCHOOL ACTIVITY FUND
FUNDRAISER SUMMARY**

Pre-Number _____

School _____

School Location No. _____

Activity Account: _____

Fundraiser: _____

Sponsor Signature: _____

Date(s): _____

Bookkeeper Signature: _____

Principal Signature: _____

Inventory Summary

1. Total Starting Inventory (Retail Value) (A)	\$ -
2. Total Ending Inventory (Retail Value) (B)	\$ -
3. Expected Cash Receipts (1) Minus (2) =	\$ -
4. Actual Cash Receipts (C)	\$ -
5. Cash Over/Short (4) Minus (3) = (Explain shortage on back of sheet)	\$ -

Starting Inventory

Item	Quantity Received	Sales Price Per Unit	Total Price
			\$ -
			\$ -
			\$ -
			\$ -

(A) Total \$ -

Ending Inventory

Quantity Not Sold	Total Price
	\$ -
	\$ -
	\$ -
	\$ -

(B) Total \$ -

Profit Summary

Cash Receipts

Date	Receipt No.	Amount	Date	Receipt No.	Amount

(C) Total Receipts \$ -

Expenditures

Date	Check No.	Amount	Date	Check No.	Amount

(D) Total Expenditures \$ -

Net Profit/(Loss) (C) Minus (D) \$ -

*Keep a Pre-Numbered Fundraising Log (similar to your internal PO Logs-New Year/New Log)

***Highlighted areas are auto-fill and totals will populate automatically, do not type in any highlighted area!**

SCHOOL ACTIVITY FUND
MONTHLY INVENTORY CONTROL WORKSHEET

F-SA-5

School	
Activity Account	
Type of Inventory	
Vendors	
Reporting Period	

1. Beginning Inventory (What you start with)

Item	Count	x	Sales Price	=	Total

Cash in machine or on hand.

**Total Value
Beginning Inventory**

2. Deliveries (What you purchase and receive to sell)

Date	Item	Count	x	Sales Price	=	Total

**Total Value
Deliveries**

Subtotal A

3. Collections (Collected to turn in to Bookkeeper/Treasurer)

Date	Initials	Amount	Date	Initials	Amount

**Total Value
Collections**

4. Ending Inventory (What you end with)

Item	Count	x	Sales Price	=	Total

Cash in machine or on hand.

**Total Value
Ending Inventory**

Subtotal B

If Subtotal A > Subtotal B, there is a shortage. Explain if significant.

List retail value of items lost, damaged, or given away.

Must be completed monthly

If Subtotal B > Subtotal A, there is an overage. Explain if significant.

Signature of Person Completing Inventory

Date

SCHOOL ACTIVITY FUND SALES FROM CONCESSIONS/BOOKSTORE/PENCIL MACHINE FORM

Receipt # _____

School
Activity Account

Date	
Turned in By	

Activity Fund	Start-up Change	Ending Balances
COINS		
CURRENCY		
CHECKS		
TOTAL		
	Less Start Up	
	Total Sales	

Explanation:

School Treasurer

Preparer

Original to school treasurer

Tally Sheet

Ones:
Fives:
Tens:
Twenties:
Fifties:
Hundreds:
Change:
Checks:
TOTAL:

Concession stand worker:

- 1) Count all money
- 2) Complete tally sheet
- 3) Sign and date tally sheet

Counted by: _____

Date: _____

SCHOOL ACTIVITY FUND

F-SA-4A

INDIVIDUAL ACTIVITY ACCOUNT BUDGET WORKSHEET

School		Year	
Activity Account			

Beginning Cash Balance		\$	-
Fundraising Related: (Must provide F-SA-2A form for each Fund Raiser)			
Description	Estimated Receipts	Estimated Expenditures	
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Fund Raising Totals	\$	-	\$
Non-Fundraising Related: (Dues/Fees , F/trips, expenses * # students in group)			
Description	Estimated Receipts	Estimated Expenditures	
	\$	-	\$
	\$	-	\$
	\$	-	\$
	\$	-	\$
	\$	-	\$
		\$	-
	\$	-	\$
	\$	-	\$
Total Receipts & Expenses	\$	-	\$
Ending Cash Balance/Carry Over for Next Year	\$	-	\$

Sponsor/Club Treasurer

Principal

Date

Date

Submit to Principal By April 15

**SCHOOL ACTIVITY FUND
ACCOUNTS RECEIVABLE AND ACCOUNTS PAYABLE**

School		Month	
		Year	

Accounts Receivable	Purpose	Activity Account	Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total			\$ -

Accounts Payable	Purpose	Activity Account	Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total			\$ -

Due with Annual Financial Report

Budget

School Activity Fund Support - External Booster Organization Budget

School		Year	
Organizations Name			
Organizations Address			

Attach Letters of Approval	Enter FEIN # or Gaming Exemption # here	Date of Approval
FEIN #		
Gaming Exemption #		

Beginning Cash Balance	\$	-
Fundraising Related: Must submit Fund Raising Master List by July 1st with approved F-SA-2A form for each Fund Raiser.		
Description (List Individual F-SA-2A Events)	Estimated Receipts	Estimated Expenditures
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
Fund Raising Totals	\$ -	\$ -
Non-Fundraising Related:		
Description	Estimated Receipts	Estimated Expenditures
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
Non-Fund Raising Totals	\$ -	\$ -
Total Receipts & Expenses	\$ -	\$ -
Ending Cash Balance/Carry Over for Next Year	\$	-

Sponsor/Club Treasurer

Principal

Date

Date

Annual Report

School Activity Fund Support - External Booster Organization Annual Report

School		Year	
Organizations Name			
Organizations Address			

Beginning Cash Balance	\$		-
Fundraising Related: (Must provide F-SA-2A form for each Fund Raiser)			
Description (List Individual F-SA-2A Events)	Receipts	Expenditures	
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
Fund Raising Totals	\$ -	\$	-
Non-Fundraising Related:			
Description	Receipts	Expenditures	
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
	\$ -	\$	-
Non-Fund Raising Totals	\$ -	\$	-
Total Receipts & Expenses	\$ -	\$	-
Ending Cash Balance/Carry Over for Next Year			\$ -

Sponsor/Club Treasurer

Principal

Date

Date

BOOSTER GROUP OFFICER INFORMATION

Year:	FEIN#	-
-------	-------	---

Please fill in the name, address and phone number of all newly elected or returning officers of your booster group. Please send this information as soon as your officers have been elected, deadline for having this information to the school principal is July 25th or within the first thirty days of the first transaction of the organization. You should keep a copy for the Booster Group records as well.

Name of Group _____

Name of School and Principal _____

School Address _____

Name of Organization _____

Organization President _____

Address _____

Phone (____) _____ E-mail _____

Name of Vice President _____

Address _____

Phone (____) _____ E-mail _____

Name of Secretary _____

Address _____

Phone (____) _____ E-mail _____

Name of Treasurer _____

Address _____

Phone (____) _____ E-mail _____

If your organization President changes any time during the year, please notify the Principal at once.

**** Please attach a copy of your External Support Organization's proof of liability insurance coverage. ****

**SCHOOL ACTIVITY FUND
REQUISITION AND REPORT OF TICKET SALES**

School
Activity Account/Sport
Boys Girls V JV F Grade: F, S, JR, SR

Event
Date
Receipt #

TICKET REQUISITION

This is to acknowledge receipt of the tickets to be sold for the event listed above. The first ticket number sold (not the one attached to this form) is recorded in Column B. The unsold end ticket number will be recorded in Column C on completion of ticket sales.
 Receipt of **start up** \$ _____ **(I)** for change is also acknowledged.

Attach full unsold start tickets here

Attach full unsold end tickets here (C)

Acknowledge Receipt of tickets and start up change fund

REPORT OF SALES

		A	B	C	D	E	F
		Ticket Color	Beginning Ticket Number	Next Available Ticket Number	Number of Tickets Sold (C-B)	Price Each (\$)	Total (D x E)
Advance Sales	Adults						
	Students						
	Other						
GATE # _____	Adults						
	Students						
	Other						
Total Sales							(G)

See Back for Breakdown & Exact Count	
Checks	
Currency	(+)
Coin	(+)
Total of all money	(=)
Less Start Up money (I)	(-)
Money Collected (H)	(=)

Money Collected (H)	
Total Sales (G)	(-)
Cash Over/Short (H-G)	(+ or -)
Amount to Receipt (H)	

Ticket Seller: _____ Date: _____ RECEIVED BY: _____ Date: _____
 School Treasurer

Ticket Taker: _____ Date: _____

Person in Charge of Sales: _____ Date: _____

Bookkeeper Use Only	
Gate Deposit Split	
OCBE Sweep = 75%	
School = 25%	

* Form and money must be turned in to school treasurer the first work day following the event.
 *Money is to be locked in school safe or taken to bank. Use one Form F-SA-1 per gate.

**SCHOOL ACTIVITY FUND
MULTIPLE RECEIPT FORM**

School	
Activity Account	
Purpose	

Receipt Number	
Teacher/Sponsor	
Grade (Circle one) K-5 6 7 8 9 10 11 12 Multiple	

#	Signature or Printed Name	Cash Amount	Check Amount	Check #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

#	Signature or Printed Name	Cash Amount	Check Amount	Check #
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

- *Students 6th grade & above must sign form as the turn in money.
- *Printed names acceptable for any student unable to sign.
- *K-5th grade: Teacher/Sponsor may print names.
- *The form and collected money must be given to the school treasurer daily.

Total Cash	
Total Checks	
Total	

Person Remitting Money (Activity Sponsor)

Date

Recapitulation Section: Office Use Only	
* The school treasurer will complete the Recapitulation Section and issue a receipt.	
_____	_____
School Treasurer (Bookkeeper)	Date
Total Amount Remitted:	<div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>

*If a deposit is collected after school business hours, please place in the school safe for processing the following business bay.

White copy: School Treasurer

Yellow copy: for Teacher or Sponsor

School Name Here

School Activity Fund Purchase Order

Vendor Name: _____

PO #: _____

Address: _____

Activity Acct: _____

Deliver and _____

Total Amount: _____

Bill to: _____

Tax Exempt: B-1197

Important Notice: Conflict of interest, gratuities and kickbacks are prohibited by policy of the Oldham County Board of Education

PURCHASES

QTY	Item Description	Unit Cost (\$/ea.)	Total(\$)

Requested By: _____
(Sponsor Requesting Purchase)

Date Requested: _____

Approvals - FOR OFFICE USE ONLY

By signing below, I authorize this order and have verified there are sufficient funds available for this purchase.		Technology orders must be submitted to the Technology Department for purchase.
Hand-written signatures and date ONLY... not typed		
_____ Bookkeeper Review (Certifies funds are available /being collected)		Purchases involving changes to school site or property (indoor/outdoor) require an approved Building & Site Improvement Modification Form.
_____ Principal Signature	_____ Date Approved	
_____ Level Director Signature (required on purchases > \$5,000)	_____ Date Approved	Purchase Request Payment Details: Check #: _____ Check Date: _____ Amount Paid: _____
_____ Superintendent Signature (required on purchases > \$20,000)	_____ Date Approved	

MODEL PROCUREMENT

Bid Law		Non-Competitive D&F (Attached)		Small Purchase D&F (Attached)		Intergovernmental		N/A <input checked="" type="checkbox"/>
Bid Law #								

SCHOOL ACTIVITY FUND STANDARD INVOICE

School	
Activity Account	

Date	
-------------	--

Vendor's Name			*Are you an employee of this school district?
Address			
Phone			
Fax			
FEIN or Social Security No.			

Quantity	Item Description	Unit Cost	Total Cost
Total			

Vendor's Certification
<p>I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.</p>
<p>_____</p> <p>Vendor Signature</p>

Approval for Payment

Sponsor

Principal

Amount Paid: _____

Date Paid: _____

Check No.: _____

*Form to be used any time invoice not provided

For use with check refunds

*Verify school is not in violation of Policy 5017 (Conflict of Interest-employees cannot sell/solicit products)

*If employee, must be paid through payroll; unless expense reimbursement.

**SCHOOL ACTIVITY FUND
CASH ADVANCE REPORT**

F-SA-9

Date

School	
Activity Account	

Function Description:

Date	Cash Advance Description	Amount

Total Allowed Advances

Attach Receipts

Amount Advanced (Check No. _____) _____
 Other Adjustments (please explain): _____
 Amount Returned (Receipt No. _____) _____
 Amount Reimbursed (Check No. _____) _____

Approval

Sponsor

Principal

School Treasurer

Must be submitted by close of the next business day after the trip.

**SCHOOL ACTIVITY FUND
TRANSFER FORM**

School

Transfer No.	
Date	

Transfer Amount	Transfer Account	
	From	To

Approval required before transfer entered in EPES:

Transfer-From Sponsor (If Applicable)

Principal

Date Approved

- *Form must be completed & approved prior to transfer (form & EPES transfer date should match)
- *Bookkeeper signature required, if sponsor unavailable for inactive account
- *No transfers in/out Staff Accounts (Per Redbook)
- *No transfers in/out Sweep Account 999/9999 to 992/995 Student Activity Accounts (contact Finance Dept)

**SCHOOL ACTIVITY FUND
STUDENT REFUND / CASH DISBURSEMENT FORM**

School	
Activity Fund	
Purpose	
Teacher or Sponsor	

	Student Signature	Amount		Student Signature	Amount
1.			21.		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		

Students in **6th grade** and above must sign form as they receive the refund. **K-5th grade: Teacher/sponsor may print names**
The form must be returned to the school treasurer after all funds are disbursed.

Office Use Only	Total Amount Disbursed \$
Recapitulation:	

Person **Distributing** Money

School Treasurer

Date

Date

White copy to School Treasurer

Yellow Copy for Teacher or Sponsor

This completed document serves as supporting documentation for the expenditure

DISTRICT ACTIVITY FUNDS - MONTHLY SUBMISSION FORM

School: _____ #: _____ Month: _____

MUNIS OBJ	ORIGINAL SOURCE OF REVENUE TO TRANSFER TO DAF	DOLLAR AMOUNT
(District Use)		
221-1740-7100	Instructional Supplies/Equipment	
221-1920-7100	Donations	
221-1740-7300	Student Fees	
221-1740-7300	Technology Fee	
221-1790-7300	Donations	
221-1740-7400	Student Fees (K fee only)	
221-1740-7450	Student Fees	
221-1920-7450	Donations	
221-1740-7500	AP Exams, Novels, Workbooks	
221-1790-7500	Background Checks, Agendas, Chapter books	
221-1710-7600	Gate/Ticket Sales	
221-1740-7600	Athletic Fees, Sport Passes	
221-1920-7600	Donations	
221-1740-7700	Parking Passes	
221-1740-7710	Locker Fees	
221-1720-7800	Bookstore Sales	
221-1740-7800	Library, Book Fairs & Lost Book Fees	
221-1790-7800	Pictures, Yearbooks & Art To Remember	
221-1510-7850	Bank Interest	
221-1920-7850	Grants PTA/PTO, Booster Donations	
(A)	TOTAL REVENUE TO TRANSFER TO DAF	0
(B)	*TOTAL FROM EPES ACTIVITY LEDGER REPORT	0
	<i>(A & B MUST MATCH) - Explain Variance</i>	0

***EPES Activity Ledger Report - Revenue This Period, Report Options: Budget Receipt Ledger 9999-9999**
 ATTACH CHECK EQUAL TO (B) AND MADE PAYABLE TO THE DISTRICT BOARD OF ED- SUBMIST MONTHLY W/ F-SA-16 - KEEP COPY FOR YOUR RECORDS

 PRINCIPAL'S SIGNATURE DATE

FOR FINANCE USE ONLY:

Date Received: _____ Check #: _____ Amount: _____ Verified By: _____

Any funds remaining in school DAF funds on 06/30 will be handled per board policy.
 Money swept up to the district must be swept up within 60 days of collecting the funds (OCBE REQUIRED SWEEPS EVERY 30 DAYS)
 Describe all donations & purpose of donation

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School: _____
 School Address: _____

RECEIPT # _____

Fiscal Year Ending: _____

Date of gift: _____

School Federal ID # 61-6001306

Donor Name: _____

Donor Address: _____
 street address

 street address (continued)

 city state zip code

Donor Phone Number: _____

Type of donation: (Circle one) Cash Check Amount: _____ Other

Other gift description including purpose and restrictions on donation:

Was anything of value received in exchange for donation? Yes No

If yes, description and dollar value:

Donors Federal ID # (if applicable) _____

Person accepting donation _____ Date _____

Principal _____ Date _____

***Tech Dept/Facilities** _____ Date _____

***Superintendent** _____ Date _____

***Per Redbook (page 12, #4): Form shall be filled out for all donations valued at \$250 or more**
***Per Redbook (page 9, # 16): All Grant monies must be deposited at the board level**
***OCBE Policy 3003: Donations greater than \$2,000 must be approved by Superintendent prior to deposit, once approved donations may be deposited into the desired EPES Student Activity Account or F21 Account.**
***OCBE Policy 3003: Donations involving Technology or changes to School Facilities (indoor/outdoor) must submit a proposal to those departments in advance of accepting the donation.**

**SCHOOL ACTIVITY FUND
PRINCIPAL'S COMBINING BUDGET**

F-SA-3

School

Year

OLDHAM COUNTY BOARD OF EDUCATION - DOES NOT USE FORM

Activity Accounts	Beginning Balance	Estimated Receipts	Estimated Expenditures	Balance
Totals				

Principal

School Treasurer

Date

Date

Submit to District Finance Office by **May 1**

SCHOOL ACTIVITY FUND MONTHLY/ ANNUAL FINANCIAL REPORT

School _____	Month _____	
	Year _____	

OLDHAM COUNTY BOARD OF EDUCATION - DOES NOT USE FORM

Activity Accounts	Beginning Balance	Receipts	Expenditures	Ending Balance

	Reconciliation																																																
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Beginning Balance</td><td style="width: 20%; text-align: right; border-bottom: 1px solid black;"> </td><td style="width: 20%;"></td></tr> <tr><td>Add: Receipts</td><td style="text-align: right; border-bottom: 1px solid black;">0</td><td></td></tr> <tr><td>Subtotal:</td><td style="text-align: right; border-bottom: 1px solid black;">0</td><td></td></tr> <tr><td>Less: Expenditures</td><td style="text-align: right; border-bottom: 1px solid black;">0</td><td></td></tr> <tr><td>Ending Ledger Balance</td><td style="text-align: right; border-bottom: 1px solid black;">*</td><td style="text-align: right; border-bottom: 1px solid black;">0</td></tr> </table> <p style="margin-top: 20px;">June Report is considered the Annual Financial Report</p>	Beginning Balance			Add: Receipts	0		Subtotal:	0		Less: Expenditures	0		Ending Ledger Balance	*	0	<table style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3" style="text-align: center;">Balance Per Bank Statement</td></tr> <tr><td style="width: 60%;">Add: Investment Balance</td><td style="width: 20%; text-align: right; border-bottom: 1px solid black;"> </td><td style="width: 20%;"></td></tr> <tr><td>Add: Deposits in Transit</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td></td></tr> <tr><td>Subtotal</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td style="text-align: right; border-bottom: 1px solid black;">0</td></tr> <tr><td>Less: Outstanding Checks</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td></td></tr> <tr><td>Other Adjustments (Explain)</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td></td></tr> <tr><td>Actual Cash Balanc</td><td style="text-align: right; border-bottom: 1px solid black;">*</td><td style="text-align: right; border-bottom: 1px solid black;">0</td></tr> <tr><td>Add: Accounts Receivable</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td></td></tr> <tr><td>Less: Accounts Payable</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td></td></tr> <tr><td>Add: Petty Cash</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td></td></tr> <tr><td>Total Balance</td><td style="text-align: right; border-bottom: 1px solid black;"> </td><td style="text-align: right; border-bottom: 1px solid black;">0</td></tr> </table> <p style="margin-top: 20px;">June Report is considered the Annual Financial Report</p>	Balance Per Bank Statement			Add: Investment Balance			Add: Deposits in Transit			Subtotal		0	Less: Outstanding Checks			Other Adjustments (Explain)			Actual Cash Balanc	*	0	Add: Accounts Receivable			Less: Accounts Payable			Add: Petty Cash			Total Balance		0
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Subtotal:	0																																																
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Actual Cash Balanc	*	0																																															
Add: Accounts Receivable																																																	
Less: Accounts Payable																																																	
Add: Petty Cash																																																	
Total Balance		0																																															

* These three numbers must agree.

Principal

School Treasurer

Date

Date

Donated Gift Card Log

***OCBE does not allow the purchase of gift cards; however, if gift cards are donated to a school then school must maintain this log, all receipts associated with the use of an individual gift card (if used by the school and not donated to a student) and make available for audit purposes.**

Store/Description	Amount	Received By	Received Date	Given to or used for school purpose

Total: