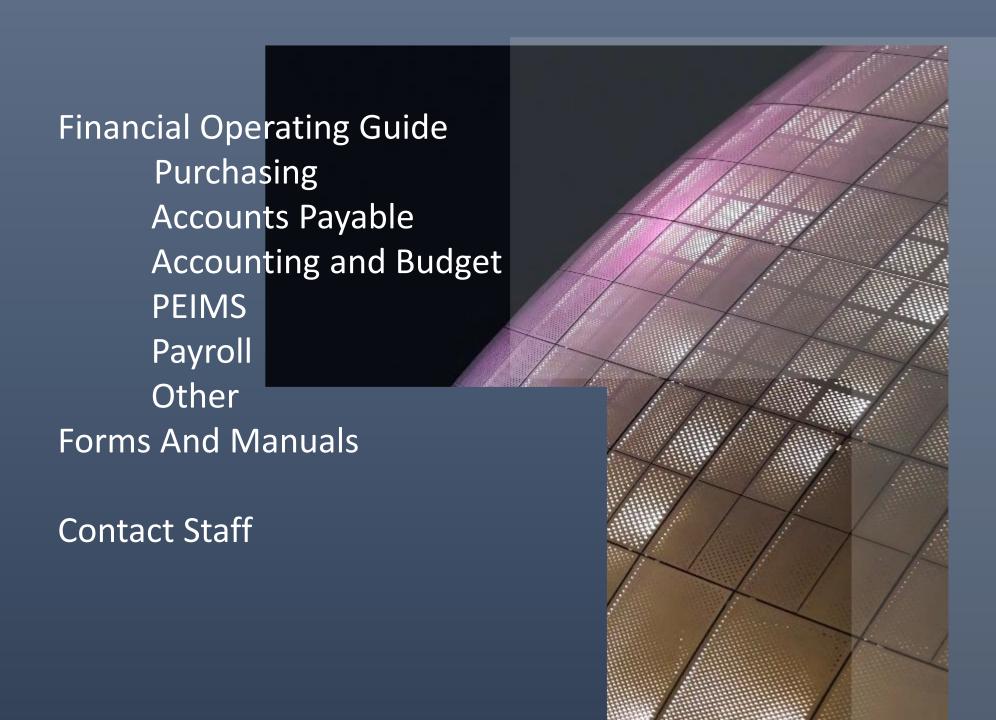
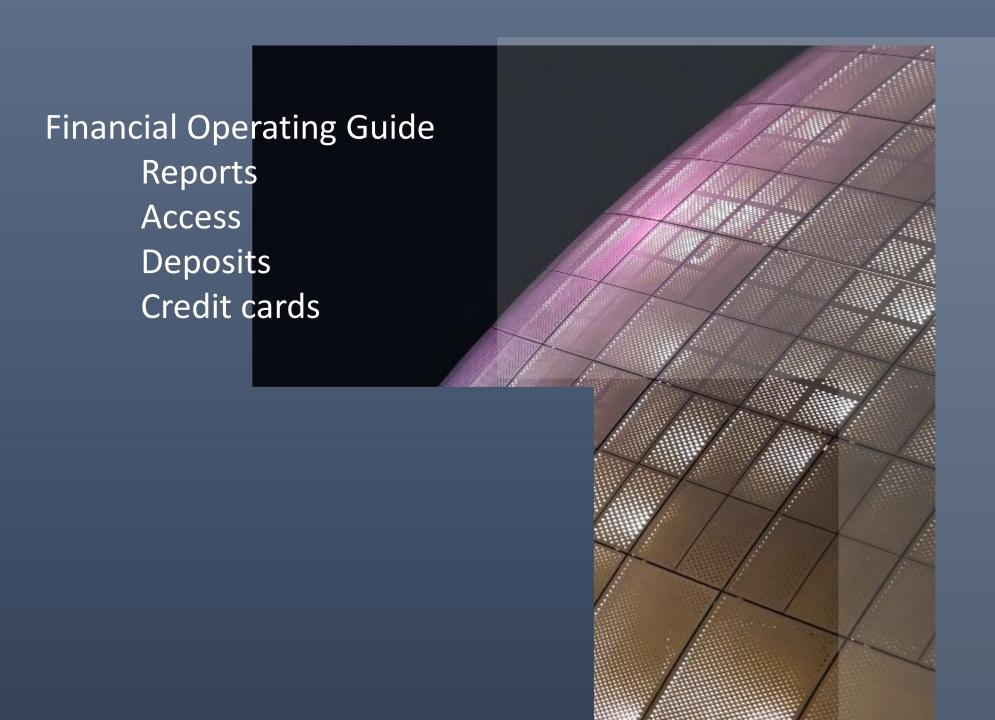


## Financial Operating Guidelines,

By. Dr. Jesus Amezcua, CPA, RTSBA, CPFIM





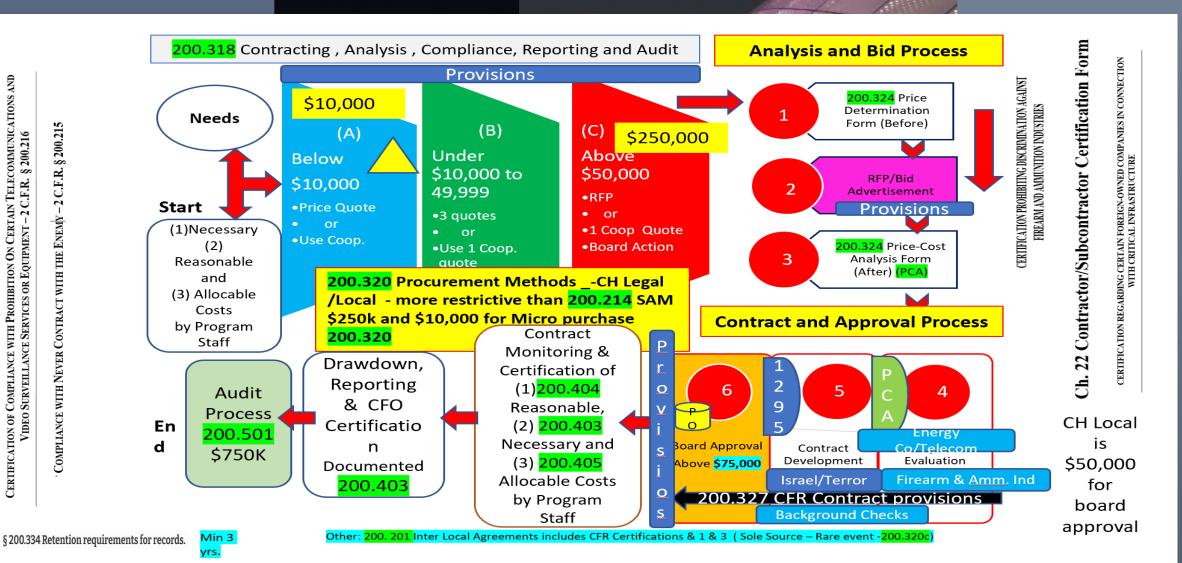
Access to ASCENDER Software Program						
TO: Technology Department						
FROM: Dr. Jesus Amezcua, Interim CFO Business Office						
DATE:						
Please provide access to the following individual to the ASCENDER Software Program for Finance as follows:						
Purchasing						
Finance						
Budget						
Other (Define)						
Effective Date of Addition OR Effective Date of Termination						



Requisition
Verify Code
Purchase Order - Ensumbrances
Check

## Financial Operating Guide **Purchasing**

CERTIFICATION OF COMPLIANCE WITH PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT – 2 C.F.R. § 200.216



# Financial Operating Guide Purchasing

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity	FORM CIQ
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).	Date Received
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be	
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.	
Name of vendor who has a business relationship with local governmental entity.	
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)  Name of local government officer about whom the information is being disclosed.	s day after the date on which
Name of Officer	
CIQ as necessary.  A. Is the local government officer or a family member of the officer receiving or lother than investment income, from the vendor?  Yes No	
B. Is the vendor receiving or likely to receive taxable income, other than investmen of the local government officer or a family member of the officer AND the taxable local governmental entity?	
Yes No	
Describe each employment or business relationship that the vendor named in Section 1 m other business entity with respect to which the local government officer serves as an cownership interest of one percent or more.	
Check this box if the vendor has given the local government officer or a family member as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.	
7	
Signature of vendor doing business with the governmental entity	Date
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 11/30/2015

LOCAL GOVERNMENT OFFICE DISCLOSURE STATEMENT (Instructions for completing and file	ER CONFLICTS ling this form are provided on the next p.	FORM CIS
This questionnaire reflects changes made to the law by This is the notice to the appropriate local governm	H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has become aware of facts that rein accordance with Chapter 176, Local Government C		Date Received
Name of Local Government Officer		
2 Office Held		
3 Name of vendor described by Sections 176.001(7) Code	and 176.003(a), Local Government	
Description of the nature and extent of each employer with vendor named in item 3.	oyment or other business relationshi	p and each family relationship
5 List gifts accepted by the local government offic from vendor named in item 3 exceeds \$100 durin		
Date Gift Accepted Description of	of Gift	
Date Gift Accepted Description of	of Gift	
Date Gift Accepted Description of	Gift	
(attach add	litional forms as necessary)	
to each family member (as defined by	ne above statement is true and correct. I ackr Section 176.001(2), Local Government Code covers the 12-month period described by Sec	e) of this local government officer. I
	Signature of Local	Government Officer
Please co	omplete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	this the	day of,
20, to certify which, witness my hand and seal of offi	ice.	
Signature of officer administering oath Printed name	of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth is	·
My address is		-,
(street)  Executed in County, State of	(city) (state	
	Signature of Local Gover	nment Officer (Declarant)
Form provided by Toyon Ethion Commission		

### • 1295 Form

CERTIFICATE OF INTE	ERESTED PARTIES		FORM <b>1295</b>
Complete Nos. 1 - 4 and 6 if the Complete Nos. 1, 2, 3, 5, and 6	ere are interested parties. i if there are no interested parties.		ICE USE ONLY
Name of business entity filing form, entity's place of business.	iness	uskile	
which the form is being filed.  Harris County Department of Educat			
HCDE RFPNo. <insert here<="" no.="" rfp="" td=""><td>sed by the governmental entity or state ag vices, goods, or other property to be prov</td><td>gency to track of ide vided under the con</td><td>entify the contract, tract.</td></insert>	sed by the governmental entity or state ag vices, goods, or other property to be prov	gency to track of ide vided under the con	entify the contract, tract.
4 Name of Interested Party	City, State, Country (place of business)	Nature of Interes  Controlling	st (check applicable) Intermediary
	eithe		
	St nan Sille		
	N. W.		
5 Air	2		
Check only if there is no interes	ted Party.		
6 UNSWORN DECLARATION  My name is	, and my date o	of birth is	·
My address (street)  Lide like under penalty of perjury that the for	(city) regoing is true and correct.	(state) (zip co	ode) (country)
Executed in County,	State of, on the day of		(year)
	Signature of authorized (	agent of contracting bus (Declarant)	siness entity
ADI	DADDITIONAL PAGES AS NECE	SSARY	

Form provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 12/22/2017

# Financial Operating Guide Purchasing

### **Credit Card Process**

#### **Principal or Dept Head**

- Sign Conflict of interest Questionnaire (At Beg of Year)
- Sign for Cred. Card
- Indicate Acct to be used
- Secure quote under \$1,000 and make purchase
- Input requisition for invoice

## Purchasing Specialist

- Review and Print PO after approvals and provide to A-Pay-, Dept Dir and Business Coordinator
- Perform debarment for all purchases

#### Business Coordinator

- Maintain CC Log
- Maintain receipts for recording and match to PO

## Accounts Payable Clerk

- Match Po to receipt
- Process payment

Contract Processing Form



#### STAFFORD MUNICIPAL SCHOOL DISTRICT

#### CONTRACT PROCESSING FORM (CPF)

Contract requires approval from: Superintendent \( \subseteq \text{CFO} \subseteq \)

48. 10							
SECTION 1 – CONTRACT INFORMATION							
Funding Division	Today's Date	# Original Contract	s Expenditure/R	evenue B	udget Account Cod	le (20 digits)	
Administration	7/11/22	1					
Contracting Party		RFP # (if applicable)	Is Contracting Party an division?	Employe	e of Stafford MSD	? If yes, which	
			⊠ No ☐ Yes, Di	ivision:			
Description of Services:							
Type of Contract		Contract Fiscal Year	s SMSD Contract?		Click boro	1	
		0.1	Characa and it area		Click here	T.	
Click here to select type of contract.		Select one.	Choose an item.	From:		To:	
					date.		
		SECTION 2 – CO	NTRACT TYPE				
Click here to select type of contract				Amount	:		
SECTION 3 –	COMPLIANO	CE WITH POLICY	CH (LOCAL) PURCHAS	SING AU	JTHORITY		
			□ N/A □	No [	Yes — Click here	to enter a date.	
	SECTIO	ON 4 – CONTRACT	REVIEW CHECKLIST				
☐ This contract was previously reviously	ewed by SMSD	attorney (Note that a	ıll templates have been revi	iewed by	attorney) – Skip	to Section 5	
☐ This contract was NOT previously	y reviewed by S	MSD attorney (com	plete fields below)				
Date I reviewed contract using	the Contract Re	view Checklist:	Click here to enter a date.				
	k here to select						
•	rchasing						
☐ This contract was reviewed by Purchasing. ☐ This contract was reviewed by Technology (initials)							
☐ This contract was reviewed by Fa	-		initials)				
This contract was reviewed by Facilities (initials)							
SECTION 5 - REQUIRED ACKNOWLEDGEMENT AND SIGNATURES							
I certify to the best of my knowledge that the information contained in this document is correct and complete. I further certify that the program and all activities related to the program will be conducted in accordance with all applicable federal, state, and local laws including regulations and contract guidelines created to ensure accomplishment of this objective.							
In addition, I certify that the Contractor:							
will have direct, unsupervised contact with students on a regular basis.							
X will NOT have direct, unsupervised contact with students on a regular basis.							
Employee Completing this form		Date	Funding Director's signa	ture		Date	

#### Contractor Template

#### AGREEMENT FOR INDEPENDENT CONTRACTOR SERVICES FOR STAFFORD MUNICIPAL SCHOOL DISTRICT

This Agreement for Independent Contractor Services ("Agreement") is made and entered into on this day of \_\_\_\_\_\_, 20\_\_\_\_, by and between Stafford Municipal School District ("District"), located at 1633 Staffordshire Road Stafford, TX 77477, and \_\_\_\_\_\_\_ ("Contractor"), located in \_\_\_\_\_\_\_, for Contractor to provide services to the District, in accordance with the terms and conditions specified herein.

The District is a political subdivision and municipal school district of the State of Texas. Both the District and Contractor desire to set forth in writing the terms and conditions of their agreement for the Contractor to provide certain services to the District, which services are in support of the District's educational objectives. In consideration of the mutual covenants and conditions contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties intending to be legally bound agree as follows:

1. *Purpose.* The District agrees to retain Contractor and Contractor agrees to provide services to the District as Contractor and to perform the duties and provide all necessary labor and resources needed to provide the services set forth in Paragraph 2 – Scope of Work. Contractor shall also perform such other related services and duties as are customarily performed by an Contractor in a similar position.

2. **Scope of Work.** Exhibit A includes a detailed Scope of Work that sets out the services (hereinafter "Services") Contractor agrees to provide, as needed and authorized in writing by the District.

3. *Term.* This Agreement is for services beginning \_\_\_\_\_\_ and ending \_\_\_\_\_ ("Term"), unless terminated as provided herein. All extensions of this Agreement shall be subject to the terms and conditions specified herein. This Agreement may be extended by mutual written consent of the parties, contingent upon approval of the District's Board of Trustees, as may be required.

4. Compensation. The District will pay Contractor an amount not to exceed \$ plus expenses of \$ per day, for Services provided in Exhibit A. Any expenses submitted will be calculated according to [INSERT METHOD OF CALCULATION], must be supported by [INSERT DOCUMENTATION], and are subject to approval by the District's Business Office. The District shall not reimburse Contractor for expenses except as specifically detailed in this Agreement. Contractor will invoice the District periodically throughout the Term of the Agreement in accordance with Section 7 of this Agreement. The District is Texas sales and use tax exempt and will not reimburse Contractor for any Texas sales taxes incurred by Contractor. In the event that any payment(s) to Contractor under this Agreement are subsequently disallowed by a state or federal grant awarding agency or in the event that the District is required to refund any funding received from a state or federal grant awarding agency relating to Contractor's work, to the maximum extent permitted by applicable law, Contractor shall repay to the District, on demand, the amount of any such disallowed costs and/or refund(s). The District may, in its sole discretion, deduct the amount(s) of any such disallowed costs and/or refund(s) from subsequent payments to Contractor under this Agreement.

5. **Review of Progress.** Contractor will work diligently to meet all timelines mutually established by Contractor and the District. The District reserves the right to monitor the progress of Contractor. Upon request by the District, Contractor shall provide periodic status reports to the District with approximate timelines for completion of the Services, and other information reasonably requested by the District.

6. Inspection and Acceptance of Service. The District reserves the right to inspect the Services provided under this Agreement at all reasonable times and places during the Term. If any of the Services do not conform to the requirements set forth in this Agreement, the District may elect, in the District's sole discretion, to: (i) require Contactor to perform the Services again in conformity with such requirements, with no additional charge to the District; or (ii) equitably reduce payment due Contractor to reflect the reduced value of the Services performed. These remedies do not limit other remedies available to the District in this Agreement or otherwise available by law.

7. **Billing and Payment/ Invoices**. Contractor shall submit original invoices to the District, Attn: Accounts Payable Department, as statements of services rendered. Contractor shall submit invoices within a timely manner during the District's fiscal year in which the good(s) and/or services are purchased. The invoices shall include the following: date of

## 10 Tips for contract processing

- 1. Remember that these are public dollars and subject to open records and audit.
- 2. Remember that all expenditures must be legal and ethical
- 3. Remember to submit a requisition and attach the contract
- 4. Remember to get quotes under \$49,999 and attach to the contract
- 5. Remember to submit debarment check for items under \$49,999
- 6. Remember the EDGAR Forms for federal funds and procurements over \$50K
- 7. Remember of conflict with ISDs and code of silences by other ISDs.
- 8. Remember to complete the contract processing form and requisition PRIOR to starting the work
- 9. Remember that you must monitor the contracts and only approve when value has been received use ok to pay on the invoice -
- 10.Remember when in doubt procure the items

## • Required Forms

#### SIGNATURE AUTHORITY FORM FY 2022-23

Please complete the form by having authorized employees print and sign under the "Alternate Authorized Signatures" section. Each individual must also complete the Conflict of Interest Disclosure. This authorization allows assigned designees to sign payment authorizations, payment authorization, requests to attend, mileage reimbursements, travel reimbursements, invoices, purchase orders, procurement card, budget amendments, budget transfer, timesheets, and overtime/compensatory time approval. This form also must be signed by the division director/manager authorizing the other signees to sign. Please return to Business Services. If you have questions about the form, please call Theresa Almendarez at (281-261-, theresa.almendarez@staffordmsd.org

Fund	Budget Mgr
Division:	_
Division Manager	Signature
Contact Person	_
Alternate Authorized Signatures - All Financial Paperwork:	(MUST BE AN ADMINISTRATOR)
1. Name	Signature
Position	_
2. Name	Signature
Position	_
3. Name	Signature
Position	<u> </u>
4. Name	Signature
Position	_
Payroll Contact Person:	Accounts Payable Contact Person:
Name	Name
Signature	Signature
Business Office	
Date Received:	<u></u>

#### CONFLICT OF INTEREST DISCLOSURE ALL BUDGET MANAGERS 2022-2023

Note: A budget manager is an individual that is authorized to approve purchase request of any kind (Requisitions, Grants, Bids, Purchase Requests, Campus and Student Activity) and/or is involved in any way in the procurement of any goods and services and is also involved in the approval of transfers or amendments (i.e. Principals, Directors, Supervisors, Budget Managers, etc.)

1.	Have you accepted a cash gratuity of any amount that will result in personal gain while representing <u>SMSD</u> ? Yes No If yes, please explain and disclose from whom
2.	Have you accepted any Non-Cash gratuities that have a retail value of more than \$50.00 fro a vendor this year? Yes No If yes, please disclose who and explain
3.	Have you accepted a gratuity during duty and non duty periods and did you report it to you Supervisor within 72 hours? Yes No N/A If no, explain
4.	Do you own a business or have an interest in a company that does business with <u>SMSD</u> ? Y  No If yes, disclose name of company and your interest in the outside company
	Does any one in your family (brother, sister, mother, father, daughter, son, grandparents, uncles, aunts, etc.) work for, or have an interest in, a vendor or company doing business wit SMSD? Yes No If yes, disclose name of company and your intere in the outside company No If yes, disclose name of company and your interest in the outside company TRUE AND CORRECT TO THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE
	ST OF MY KNOWLEDGE.
Em	ployee's Signature Date
Em	ployee's Printed Name
	FOR SMSD USE ONLY
NO aut	OTE: Failure to complete this form will prevent the employee from being to approve any purchases within SMSD
	Authorized to participate in the procurement process by SMSD CFO

Financial Operating Guide

Accounts Payable

Documents

Requisition-PO

Invoice – ok to pay

Receiving Report - ok to pay

ACH

Signature

Monday to Friday - PAY Next Wednesday

Financial Operating Guide

Accounting and Budget

Budget Transfer Form Budget Amendments

Grants – Drawdowns
Manual
Conflict of Interest
Debarment



#### STAFFORD ISD ACCOUNTING STRUCTURE

The Accounting Structure is required by the Texas Education Agency. In addition, SMSD adds local codes to track various costs.

The basic account code is as follows:

Example:

### • Budget Forms

#### STAFFORD MUNICIPAL SCHOOL DISTRICT

						RUDG	GET TRANSFER REQUEST FORM		
Person Su	ubmitt	ing Reque	est:				Date of Request:		
Reason fo	Reason for Budget Amendment Request: Funds needed for classroom management for at risk students								
	Budget	t Journal N	lo.					DR	CR
Fund	Func.	Object	SO	Org	Yr	Prog	Description	Reduce	Increase
SAMPLE							_		
199	11	6299	00	102	2	30-0-21			-
199	11	6119	00	102	2	36-0-00		-	
									_
							Total	0.00	0.00
	Directo	or/Supervis	or						

Financial Operating Guide Payroll Extra Duty Pay Available Funds Deadlines

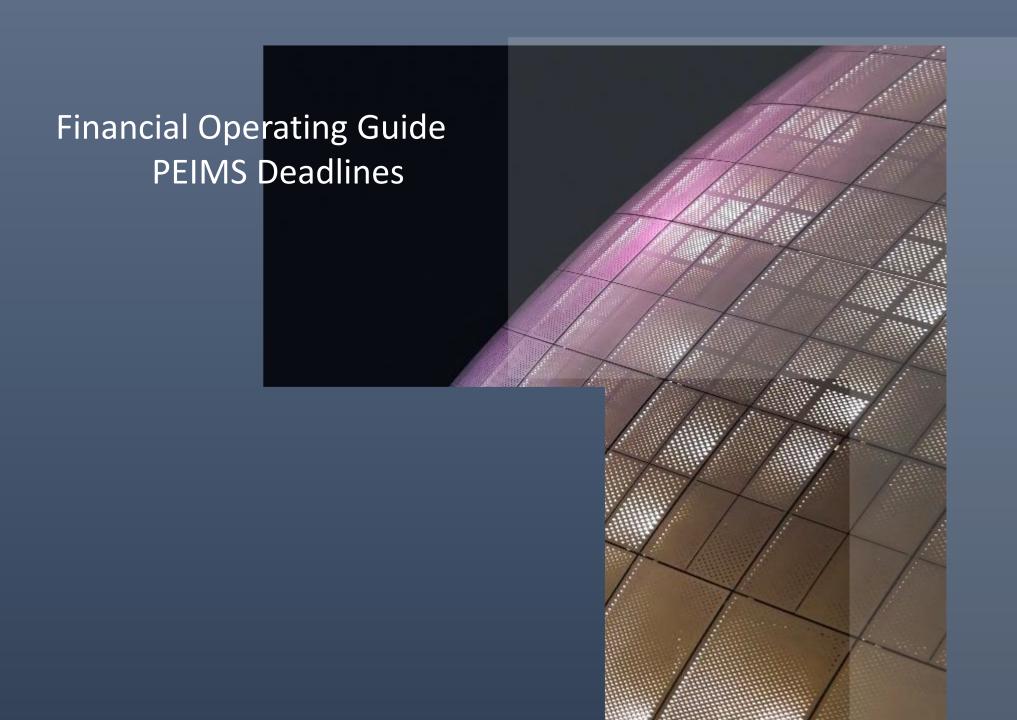
## Payroll Dates



## STAFFORD MUNICIPAL SCHOOL DISTRICT EXTRA DUTY/ABSENCES PAYROLL SCHEDULE 2022-2023

#### **Business Office - Payroll**

	PERIOD COVER	ED	
PAYDATE	FROM	то	DATE DUE
2022			
9-Sep	6-Aug	20-Aug	24-Aug
23-Sep	21-Aug	3-Sep	8-Sep
7-Oct	4-Sep	17-Sep	21-Sep
25-Oct	18-Sep	8-Oct	12-Oct
10-Nov	9-Oct	22-Oct	26-Oct
25-Nov	23-Oct	5-Nov	9-Nov
9-Dec	6-Nov	26-Nov	30-Nov
21-Dec	27-Nov	3-Dec	7-Dec



# Financial Operating Guide Contact Staff

Staff member	Primary Role	Phone	Email
Jesus J, Amezcua CPA Rosa Ma. Torres Czarina Nguyen	Business Matter Business Matter Accounts Payable	281-261 9360 281-261-9360 281-261-9299	jamezcua@staffordmsd.org rtorres2@staffordmsd.org ap@staffordmsd.org
Elizabeth Negron	Payroll	281-26-9216	enegron@staffordmsd.org
Theresa Almendarez	Bank Accts, Budget	281-261-9230 theresa	.almendarez@staffordmsd.org
Chalita Cyprian	Purchasing	281-261-9252	ccyprian@staffordmsd.org