Purchasing Procedures & Reimbursements

2023-2024 SCHOOL YEAR

Department Purchasing Procedures

- Requesting teacher obtains a quote for materials, etc. or attaches a shopping cart from the vendor, requests a W-9 if it is a new vendor
- Requesting teacher completes and signs an Order/Requisition Form (see next slide), attaches the quote or shopping cart, obtains Department Head signature
- Department Head returns signed form and supporting documents to Principal for signature
- Once all 3 signatures are on the form, it is given to the Bookkeeper to enter the order in financial software
- Bookkeeper will hold the Central Office POs until order has been received
- Teacher refers to original order to verify all items from the order are received, takes all packing materials to Bookkeeper and signs the PO confirming the invoice can be paid as issued

Order/Requisition Form

SHIP TO:		Date:	6/19/19
		P.O. No.	49250
		Bill To:	
Order From:	Office Depot		
Address:			
City:		State:	
Phone:		FAX:	

Quantity	Unit	Description	Unit Price	Total
4	100pk.	Manila file folders	4.49	17.96
2	Box	5M Standard Staples	.68	1.36
1	Box	1800 Shipping Labels	19.12	19.12
2	Box	3000 Address Labels	9.26	18.52
		Subtotal		56.96
		Shipping		0.00
		TOTAL		56.96

THIS ORDER IS EXEMPT FROM ALL FEDERAL TAXES

Ordered by Kay Hansen, Guidance — 6/19/19
Name / Department / Date

Approved by [signature] Principal — 6-19-19
Name / Title / Date

Approved by _____
Name / Title / Date

Office DEPOT Taking care of business

Continue Shopping

Office Depot® Brand File Folders, 1/3 Tab Cut, Assorted Position, Letter Size, Manila, Pack Of 100
Item # 543280 Entered Item # 543280
QTY 4 — $17.96 $4.49 box

Subscribe

Swingline® Standard Staples, 1/4", Full Strip, Box Of 5,000
Item # 320960 Entered Item # 320960
QTY 2 — $1.36 $0.68 box

Subscribe

Avery® Permanent Shipping Labels With TrueBlock® Technology, 5163, 2" x 4", White, Box Of 1,000
Item # 463620 Entered Item # 463620
QTY 1 — $19.12 $19.12 box

Subscribe

Office Depot® Brand White Inkjet/Laser Address Labels, 505-0004-0004, 1" x 2 5/8", Box Of 3,000
Item # 612011 Entered Item # 612011
QTY 2 — $18.52 $9.26 pack

Subscribe

[redacted]

PURCHASE ORDER

[redacted]

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES & CLAIM FORMS.

ALL SHIPPING CHARGES MUST BE PREPAID.

Document control No. 033761

Indiana Sales Tax Ex. # 003124487 000 0
Federal Excise Tax Ex. # 35 770140 F

Vendor Number 002419

PURCHASE ORDER NO. 049250

SHIP TO:

[redacted]

TO: Office Depot
P. O. Box 633211
Cincinnati, OH 45263-3211

DATE	REQUISITION NO.	FUND & ACCOUNT
06/19/2019	Guidance	See below or Page 1

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
Distribution:		0101.21220.611.0006 School Education		56.96
4.00	pk.	100 Manila File Folders #543280	4.490	17.96
2.00	boxes	5000 Standard Staples #320960	0.680	1.36
1.00	box	1000 Shipping Labels #463620	19.120	19.12
2.00	boxes	3000 Address Labels #612011	9.260	18.52
		Please order from Office Depot Online business account Order# 332210002		
			Total:	56.96

SHIPPING INSTRUCTIONS

- SHIP PREPAID AS C.O.D. SHIPMENTS CANNOT BE ACCEPTED.
- THIS ORDER ISSUED IN COMPLIANCE WITH IC-36-1-9.

PAYMENT

- CLAIMS CANNOT BE APPROVED FOR PAYMENT UNLESS THE P.O. NUMBER IS MADE A PART OF EVERY INVOICE AND CLAIM HAS BEEN PROPERLY SIGNED.

REQUESTER

PRINCIPAL'S INITIALS

APPROVED BY STATE BOARD OF ACCOUNTS FOR [redacted]

AUTHORIZED BY

PURCHASE ORDER FILE

Office DEPOT

Taking care of business

Shipment Summary

Shipment 1 Order Number: 332210002-001 Estimated Arrival By: 06/20/2019 View Order Details

Order Information

Account #: 42004158
Your Order Number is: 332210002
Company Name: SCHL TOWN OF MUNSTER

NAME: BECKY MCKEEVER
PO: 49250
Desktop:
Contact: ZABORDWSKI LINDA
Contact Phone: (219)836-8111Ext.1023

Shipping Information

MUNSTER HS
MUNSTER HS
8808 COLUMBIA AVE
MUNSTER,
IN
46321-2520
USA

Payment Information

Account Billing

Order Summary

Shipment 1 Order Date: 06/19/2019
Delivery Date: 06/20/2019 08:30 AM - 05:00 PM Order Number: 332210002-001

Feedback

Description	Your Price/unit	Qty.	Available	B/O	Total	Comments
Office Depot® Brand File Folders, 1/3 Tab Cut, Assorted Position, Letter Size, Manila, Pack Of 100 Entered Item # 543280 Eco-conscious Recycled content	$4.49 / box	4	4	0	$17.96	
Swingline® Standard Staples, 1/4", Full Strip, Box Of 5,000 Entered Item # 320960	$0.68 / box	2	2	0	$1.36	
Avery® Permanent Shipping Labels With TrueBlock® Technology, 5163, 2" x 4", White, Box Of 1,000 Entered Item # 463620 Eco-conscious	$19.12 / box	1	1	0	$19.12	
Office Depot® Brand White Inkjet/Laser Address Labels, 500-0004-0004, 1" x 2 5/8", Box Of 3,000 Entered Item # 612011 BEST VALUE	$9.26 / pack	2	2	0	$18.52	

Subtotal:	$56.96
Delivery Fee:	FREE
Miscellaneous	$0.00
Taxes:	$0.00
Total:	$56.96

ECA/Athletic Teams Purchasing Procedures

- Sponsor/Coach obtains a quote for materials*, etc. or attaches a shopping cart from the vendor, if it is a new vendor bookkeeper will request a W-9
- ECA Sponsor completes and signs an Order/Requisition Form see next slide), attaches the quote or shopping cart, all paperwork should be given to the Bookkeeper for principal's signature
- Coach completes and signs an Order/Requisition Form (see next slide), attaches the quote or shopping cart, obtains Athletic Director's signature, gives all paperwork to the Athletic Secretary
- Athletic Secretary will enter the order into financial software and give paperwork to the Bookkeeper
- The Bookkeeper will place the order, and hold the Purchase Order until order has been received
- Recipient verifies all orders are complete, takes all packing materials to Bookkeeper, signs the PO confirming the invoice can be paid as issued
- ECA Sponsors/coaches **cannot** place their own orders, all orders must be placed by the Bookkeeper or Athletic Secretary

*Materials refers to actual items being ordered that will be received, other situations to follow.

Order/Requisition Form

SHIP TO: [redacted]

Date: 8-5-19
P.O. No. 2425
Bill To: [redacted]

Order From: Office Depot
Address:
City: State:
Phone: FAX:

Quantity	Unit	Description	Unit Price	Total
1	10	Data Stick # 0179280		39.99
1	100	Badge Labels 0412542		3.99
		Paper clips 221720		5.84
		Paper Clips 308239		4.56
		Investment Income		
		Subtotal		54.38
		Shipping		—
		TOTAL		54.38

THIS ORDER IS EXEMPT FROM ALL FEDERAL TAXES

Ordered by Dana Ziel (Name) Main Office (Department) 8-5-19 (Date)
Approved by [signature] (Name) Principal (Title) 8-6-19 (Date)
Approved by _____ (Name) _____ (Title) _____ (Date)

INSTALLED BY MUNSTER HIGH SCHOOL - 2018

PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER

002425

[redacted]

000108 SCHOOL EXTRA-CURRICULAR ACCOUNT

Page 1 of 1
002425

TO: Office Depot
P.O. Box 633211
Cincinnati, OH 45263-3211

Munster High School
8808 Columbia Ave.
Munster, IN
46321
Dana Ziel

DATE	DEPARTMENT	FUND & ACCOUNT
08/06/2019	Main Office	See below or Page 1

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
Distribution:		0045.04051.000.000 Investment Income		54.38
1.00	10 pk	ProUSB 2.0 Flash Drive, 8GB Item #179200	39.990	39.99
1.00	100 pk	Name Badge Labels Item #412542	3.990	3.99
2.00	ea	5 boxes of 100 paper clips Item #221720	2.920	5.84
1.00	ea	10 boxes of 100 paper clips Item #308239	4.560	4.56
			Total:	54.38

SIGNED: Michael P. Wells
PERSON AUTHORIZED TO PURCHASE

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

FORM SA-1 (REVISED 2007)

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: _____

SIGNED: _____
TREASURER

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

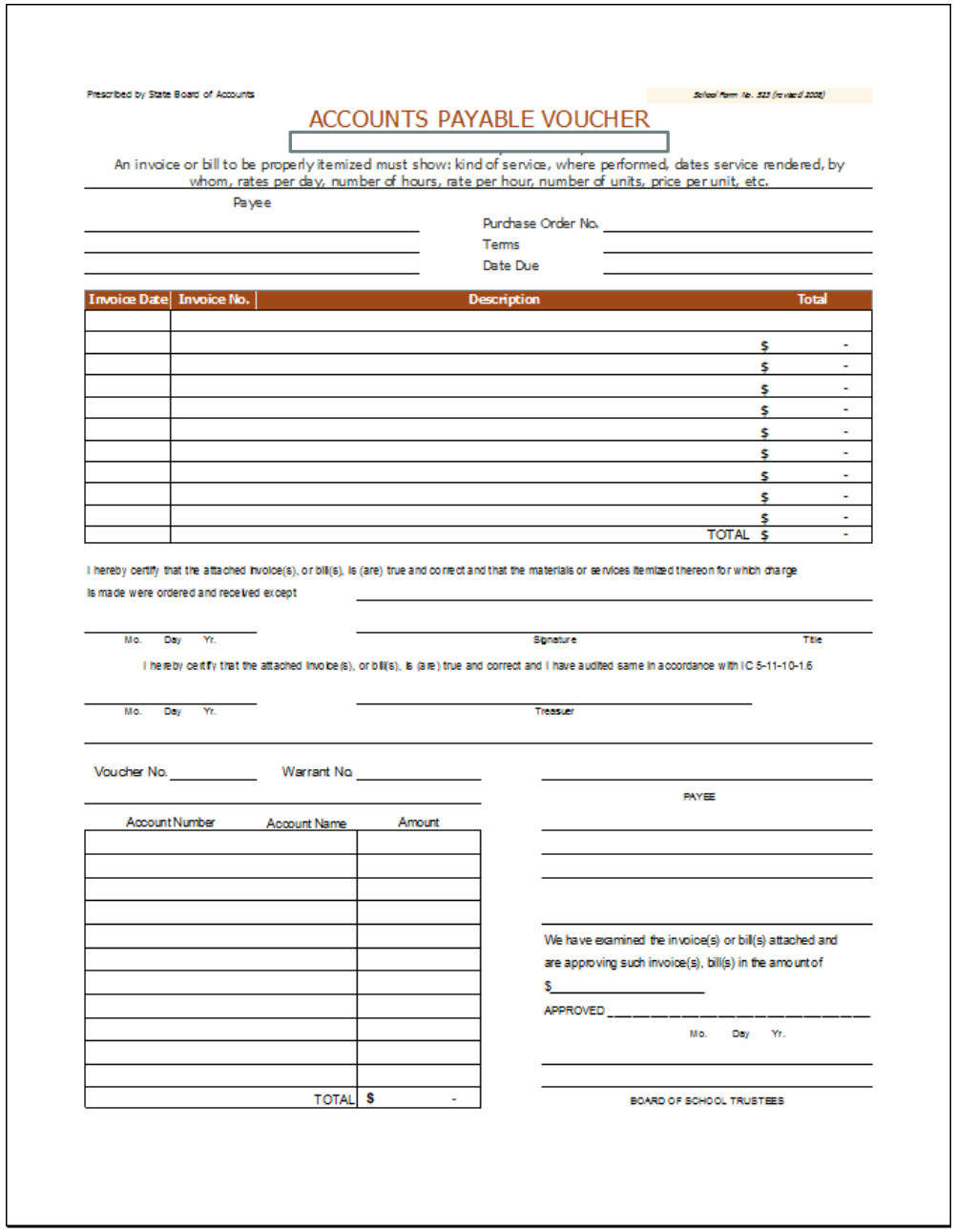
DATE: _____

SIGNED: _____
TREASURER

FILE COPY

Accounts Payable Voucher

- Print new Accounts Payable Voucher: www.griffith.k12.in.us, Employee - Resources - Online Forms
- Can be completed online (format is an excel file – see next slide), printed, signed, given to the Bookkeeper with supporting documentation
- When can it be used:
  - Paying registration fees, membership fees, travel fees and entry fees from an invoice
  - Paying services and stipends to judges, musicians, security, chaperones, youth camp student helpers, etc. when the payee has signed the form, as well as the sponsor and principal, and the payee W-9 is on file
  - Reimbursements, with appropriate receipts, including pre-approved travel expenses for meals and lodging that were not paid in advance
  - Reimbursement, with appropriate receipts, or paying from an invoice, pre-approved club expenses for meals, snacks, activity supplies that cannot be ordered ahead of time
  - Pre-approved expenses must have a requisition form completed ahead of time with as much information as possible about the materials needed, a signature from the Principal or Athletic Director, and given to the Bookkeeper



Prescribed by State Board of Accounts

School Form No. 523 (revised 2008)

ACCOUNTS PAYABLE VOUCHER

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.

Payee

Purchase Order No.

Terms

Date Due

Invoice Date	Invoice No.	Description	Total
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		TOTAL	$ -

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

Mo. Day Yr. Signature Title

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

Mo. Day Yr. Treasurer

Voucher No. Warrant No.

PAYEE

Account Number	Account Name	Amount
	TOTAL	$ -

We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of

$

APPROVED

Mo. Day Yr.

BOARD OF SCHOOL TRUSTEES

- Examples of purchases that will not be reimbursed:
  - Order is placed and paid for by a Sponsor or Coach
  - Appropriate receipts are not submitted with travel/meal expenses (name of business, date of purchase, itemized purchases, payment method, turned in within 2 weeks of purchase)
  - Purchase was not pre-approved
  - Purchase was shipped to an address other than Griffith Public School

See next slide for examples of appropriate and inappropriate receipts

Appropriate Receipts

DOC's Commerce Smokehouse
754 Vel R. Phillips Ave
Milwaukee, WI 53203
414.935.2029
www.DOCSBBQ.net

Restaurant Name

Order# 634247 - 3
Table: 34
Server: Kyle C
Date: 5/25/19, 7:43 PM

Date

Transaction: 20634247

		Itemized
Unsweet Tea		$2.00
Brisket		$15.00
Lean Brisket		+$0.00
Slaw		+$0.00
Pot Sal		+$0.00
Subtotal:		$17.00
Total Tax:	tax on travel OK	$1.04
Total	subtotal	$18.04

Paid With: VISA — Payment Method — xxxx1538
Bill:
Total: $18.04

Tip: $ 3.40

Total: $ 21.64 — Total paid

Name

STARBUCKS
515 N. WISCONSIN AVE.
MILWAUKEE, WI

1069 MARLAN

CHK 2307 MAY27'19 9:48GST 1

Itemized

1 Ethos Water	3.50
1 Cheese Danish	2.75
1 Grain Bagel	12.05
LATTE MACC V	
ADD ALMOND MILK	
ICED WHT MOCHA G	
CASH — Payment Type	20.00
SUBTOTAL	18.30
STATE 5.6%	0.83
LOCAL 0.50%	0.07
RETAIL	0.20
PAYMENT	19.40
CHANGE DUE	0.60

STONE CREEK COFFEE

Stone Creek (- Factory Cafe

422 N. 5th Street
Milwaukee, WI 53203
(414) 431-2157
http://stonecreekcoffee.com

May 27, 2019
8:33 AM

Authorization 027245
Receipt NyGr

Visa 1538

TO GO

Cinnamon Roll		$4.00
Muffin - Raspberry	yseed	$3.00
Vanilla Bean 20oz		$5.50
Other Coupon		-$3.00
Total		$9.50
6.1% Tax Included, $0.37		
Visa 1538 (Swipe)		$9.50

[redacted]

Submitted within 2 weeks of end of trip.

Inappropriate Receipts

** Customer Copy **
Sobelman's at Marque
Tab: 25
Erick 5/26/2019 1:04 PM

Transaction # 688647
Visa - last 4 digits

what was purchased?

Amount $22.28

TIP: 4.40

TOTAL: 26.68

MILLER TIME PUB RESTAURANT
505 [illegible] WISCONSIN AVE.
MILWAUKEE, WI 53202

6161 SAM

105/2 2463

MAY26'19 9:19PM

1 ICED TEA	3.00
1 DIET PEPSI	3.00
SUBTOTAL	6.00
STATE 5.6%	0.34
LOCAL 0.50%	0.03
BAL DUE	$6.37

No payment type listed

Bag of Ice $1.49

Burger King #21124
(414)-344-9840
1400 W Wells St
Milwaukee, WI 53233

ORDER 40

TAKE OUT

1 WHOPPER JR	
1 CSP GAR SALAD	5.99
1 SM SPRITE	1.99

Free WHOPPER® Sandwich
Original Chicken
Purchase required

Survey [illegible]15-1041 [illegible]-090446

www.mybkexperience.com (English or Español)

Writing starting to fade from being held too long

CREDIT CARD 11.37
0.00

TOTAL CHARGE

VISA
AcctNum: **** ****1538
Auth: 026892
Type: CREDIT
CTroutd: 21027
Merchant Id: 456204437994

RETAIN THIS COPY FOR YOUR RECORDS
CUSTOMER COPY

WHOPPER® Sandwich
mybkexperience.com
Check on reverse

Mar 21 2019 06:21 PM T=001 I=6 C=109

Submitted 2 months after the trip

MILLER TIME PUB
(414)-271-BEER

MILWAUKEE, WI
CHECK: 2463
TABLE: 105/2
SERVER: 6161 SAM
DATE: MAY26'19 11:10PM
CARD TYPE: VISA
ACCT #: XXXXXXXXXXXX1538 *
EXP DATE: XX/XX
AUTH CODE: 026013

Not itemized - what was purchased?

SUBTOTAL: 6.37
Merchant : 34343
TERMINAL ID: 1
****** PURCHASE ******

CARD # : **********1538 C
EXP DATE : **/**
RESPONSE CODE : 00

Mode: Issuer
AID: A0000000031010
TVR: 8080008000
TSI: 6800
IAD: 06030A03600000
ARC: 00

00 APPROVED - THANK YOU 000

SubTotal: $ 6.37

TIP: 1.20

TOTAL: 7.57

X_____
Signature
I Agree to pay total amount as per the Card Issuer Agreement.

Inappropriate Receipt

[redacted]

From: RIDGID Store <no-reply@ridgid.com>
Sent: [redacted]
To: [redacted]
Subject: Order Confirmation

Thanks for your order!

Your order is now being processed. If you have any questions, email us at info@ridgidvacs.com or call us at 1-800-474-3443.

VIEW ORDER STATUS

ORDER SUMMARY

Order #: SN-0073697
Order Date: Jul 29, 2019
Order Total: $55.36

SHIPPING ADDRESS

[redacted]
8808 Columbia Ave
Munster High School
Munster, IN
46321-2598 US

ITEMS ORDERED

DESCRIPTION	PRICE	QUANTITY	TOTAL
Qwik-Lock™ Pleated Paper Filter #VF4000	$16.97	2	$33.94
Drain Cap #73185	$4.40	2	$8.80

Order Subtotal:	$42.74
Shipping:	$9.00
Sales Tax:	$3.62
Order Total:	**$55.36**

View Order Status | Return Policy | Contact Us | RIDGIDStore.com RIDGID.com

This email was sent to you from https://store.ridgid.com. Please do not reply to this message. It was sent from an unmonitored email address.
© 2019 Emerson Electric Co. All rights reserved.

No payment method listed.
Requesting reimbursement but no record or proof that the purchase was made by the individual.

8-23-2016 10:56 317-894-9807 (219) 836-3203 1/1

INDIANA STATE BOARD OF ACCOUNTS
ECA WORKSHOP UPDATED DATES

September 14, 2016 or
October 19, 2016 or
April 26, 2017

9am-12noon EST

At 11025 E. 25th Street,
Indianapolis, IN 46229

Presented by Ryan Preston,

Supervisor of School Audits for the Indiana State Board of Accounts

This session is geared toward new Extra Curricular Account (ECA) Treasurers, but we welcome current treasurers coming and sharing their knowledge which adds to the experience for everyone. This session presents material on forms, retention, credit card, payables, free/reduced, etc. and has time for questions and answers. A copy of the presentation material will be provided at the workshop.

Online Registration: www.iasp.org under conferences.
Or fax this information to 317-454-0749

Name Linda Zaborowski
School Corporation School Town of Munster
School Munster High School
School Address 8808 Columbia Ave
City Munster State IN Zip 46321
Email LKZaborowski@munster.us

___ September 14, 2016 ___ October 19, 2016 ✓ April 26, 2017

UPDATED

Method of $60 Registration Payment: Check ___ PO # ✓

Credit Cards are accepted with Online Registration.

Questions? Contact Beth Moore, emoore@iasp.org or 317.891.9900 ext. 0

Cancellation/ Refund/Opt Out Policy Refunds or credits will be given only for cancellations made in writing (mail, fax, or email) to Beth Moore emoore@iasp.org no later than two business days prior to the conference date. Cancellations received within two days of the conference may receive a refund, less 50 percent to cover administrative costs. No refunds will be given for "no shows" or cancellations received on the day of the conference. Our apologies if you have received this and do not want it. If you would like to be removed from this list please call 800-915-2571 x29300 or fax above information noting to please remove from fax contact to 317-894-9807

INDIANA ASSOCIATION OF SCHOOL PRINCIPALS
11025 E. 25th Street, Indianapolis, IN 46229 | 317-8919900 |emoore@iasp.org | www.iasp.org

Example

Prescribed by State Board of Accounts School Form No. 523 (revised 2008)

ACCOUNTS PAYABLE VOUCHER

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.

Payee
Name
Address

Purchase Order No. ___
Terms ___
Date Due ___

Invoice Date	Invoice No.	Description	Total
		Travel/Conference/Meals	$ -
		IASBO seminar-6/17/19	$ 1.00
			$ -
			$ -
			$ -
		Notes: Attach approved/signed Professional Development Form	$ -
		(Front & back)	$ -
			$ -
			$ -
			$ -
		TOTAL	$ 1.00

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 ___ **Employee & Principal** (Signature) (Title)

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

Mo. Day Yr. ___ Treasurer

Voucher No. ___ Warrant No. ___

Account Number	Account Name	Amount
	TOTAL	$ -

PAYEE
Name
Address

We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of $___

APPROVED ___
Mo. Day Yr.

BOARD OF SCHOOL TRUSTEES

State Approve Mileage Claim Form

- Form can be found at: www.griffith.k12.in.us, Employee - Resources – Files – Mileage Claim
- Form Can be completed online (format is an excel file – see next slide), printed, signed, given to the Bookkeeper with supporting documentation
- Mileage Claim Form is to be used for pre-approved mileage travel expenses. GPS policy on district website under: District – School Board – Bylaws & Policies – po6550
- Claim Form must include attachment of (Map quest, google maps, etc,)
- Complete the following:
  - Date of trip
  - From (work location) to (conference location) with complete addresses
  - Google map or map quest
  - Nature of business (name of conference, reason for trip)
  - Auto miles traveled (each location whether it be to hotel and back to conference and then back to hotel must be listed as a separate line item)
  - Mileage rate calculated out per each line item
  - Must be dated and signed at the bottom by employee

- District mileage form with documentation send to Bookkeeper for Principal approval
- District Mileage Claims will then be sent to Central Office, attention Accounts Payable
- Athletic Mileage Claims with documentation will be sent to Athletic Office for Athletic Director approval and then forwarded to ECA Bookkeeper

Example

Prescribed by State Board of Accounts

General Form No. 101

• 14 days from travel

MILEAGE CLAIM

TO Linda Zaborowski DR.

(Governmental Unit)

Central Office

ON ACCOUNT OF APPROPRIATION NO. _____ FOR

(Office, Board, Department or Institution)

Date 2019__		FROM POINT	TO POINT	SPEEDOMETER READING + START	SPEEDOMETER READING + FINISH	NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE @ .545 CENTS PER MILE	
4/14			Holiday Inn 5302 Victory Drive Indianapolis, IN			Treasurer Conference	167	91	01
4/15		Holiday Inn 5302 Victory Drive Indianapolis, IN	IASBO 2615 National Ave Indianapolis, IN			Treasurer Conference	3.3	1	80
4/15		IASBO 2615 National Ave Indianapolis, IN				Treasurer Conference	168	91	56
AUTO LICENSE NO.						TOTALS	338.3	184	37

+SPEEDOMETER READING columns are to be used only when distance between points cannot be determined by fixed mileage or official highway map.

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 4-17-19

Linda Zaborowski

Some things we know to be true:

- This is an adjustment for all of us!
- More time may be needed – plan ahead!
- We will be able to answer specific questions about your situation
- We are willing to help you find solutions that align with the state's internal control requirements
- There will be situations that do not fit the mold
- The end goal is to have documentation to support an effort to do things the right way

- The State will continue to audit our school every 2 years
- They will be looking for appropriate internal controls of appropriate approvals and signatures
- They will look for appropriate invoices and receipts to match money being spent
- They will look for records to support how money is raised and collected
- They will look to see that our fundraising and fees align with our spending needs
- These are all my responsibility to maintain but I need your help