

Business Office

Plainview Independent School District

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www.plainviewisd.org

SECRETARY

HANDBOOK

FY 2016-2017

PURCHASING

INTERNAL TYPE REQUESTS

Items the District Delivers to Your Campus – the Business Office enters work orders for these deliveries.

A requisitions must be entered into Skyward for the following items.

- Vendor: PLAINVIEW ISD OPERATIONS
- Use Skyward Vendor Key Code: PLAINIS0001

Copy paper price – call the Purchasing Department for the current price! Be sure to count your copy paper when it is delivered.

Discipline Referral Forms - \$11.00 per 100 (Must order in bundles of 100).

Envelopes - \$12.93 per box of 500 (Plainview ISD, P.O. Box 1540 – NOT YOUR CAMPUS ENVELOPES).

Outdoor Texas and U. S. Flags - \$26.25

Permanent Folders - \$34.50 per 100 (Must order in bundles of 100).

Technology Supplies – These items will be ordered from the Technology Department and will be delivered to you. How To Order and Current Price List can be found on the following page.

Window Envelopes - \$28.32 per box of 500 (Aramark and Business Office uses).

TECHNOLOGY SUPPLIES

A requisition must be entered into Skyward for computer supplies, creative corner or color copies.

- Vendor: TECHNOLOGY CENTER
- Use Skyward Vendor Key Code: TECNCEN001

The requisition will be processed and forwarded to the Technology Center for processing. Following is a price list for supplies. Prices are subject to change depending on vendor pricing. Please contact Shelley Roberts regarding any questions you may have for those items not listed on the following on the following page.

Technology Price List

August 2016

Item	Price	Item #
25ft VGA Cable/Audio	\$26.14	GRU98SVST25MM
50FT VGA Cable/Audio	\$23.75	GRU98SVST50MM
Wall Plate	\$12.00	GRU98S1E1J
Wall Box 10"	\$14.50	MNSMS5744
Race Way 10FT	\$1.50	MNSSMS500
ViewSonic A/C Adaptor	\$17.00	VA712AC
Projector Bracket	\$52.95	
VGA Splitter Cable	\$11.50	11126119
A/C Power Brick	\$17.00	
Apple USB Power Adapter	\$19.00	MD836LL/A
Apple USB Cable	\$19.00	MA591G/B
Reflection Software/USB	\$20.00	
8 port Switch	\$55.00	

Creative Corner

Posters/Banners

Regular Paper	2.50 per foot
Photo Paper	3.50 per foot

Laminating

8.5	.30 per foot
27"	.25 per foot
42"	.40 per foot

Copies

Black and White	\$0.05
Color Copies	\$0.10

Pricing is based on current inventory and is subject to change depending industry pricing.

XEROX COPIERS

Please do not unplug or turn off the machines.

If the machine is not working, please notify the Purchasing Department, in writing.

Please notify the Purchasing Department by email each time you make a service request.

Supplies for these machines are free. Please be sure to have a good inventory of your supplies on your campus. Order supplies online NOW to start your year with plenty of supplies on hand.

Repairs

- Most technical issues the copy machine is having can be resolved by simply restarting the machine. Turn off the machine. Leave it off for a couple of minutes. Start the machine.
- Tips to maintain the copier in working status is to go to the machine and be sure there are not paper jams keeping it from functioning properly.
- Make repair requests online, or you may call it in (but the rep will try to walk you through on how to repair the machine).

Color Copies

- Color copies can be made at the Campus for your teachers
- Contact Technology Department to assign codes for teachers to use (helps you manager who is copying).
- Campus color copies are charged at the rate of \$0.0496 per copy.
- Technology can print color copies for your campus. Contact Technology for pricing.

HOW TO ENTER A REQUISITION

Approval paths are established within each campus/department indicating the electronic flow of the purchase order.

1. Purchase requisitions are initiated and entered electronically at the campus/department.
2. Provide the following information:
 - a. Vendor information from the Approved Vendor List
 - b. Exact discount, shipping information and contract number
 - c. Quote attached
 - d. Correct fax number or email address to send the purchase order to the vendor
3. Purchasing Department will update requisitions daily at 4:00 p.m.
4. Purchasing Department will process your purchase order 8:00 a.m. the following day.

Web Financial Management - WF - 10636 - 05.12.10.00.06 - Windows Internet Explorer

Skyward School District

Joanne Smith Account Print this tutorial ?

Home Account Management Vendors **Purchasing** Accounts Payable Accounts Receivable Fixed Assets Inventory SBAA Custom Reports Federal/State Reporting Bid Management Administration

Financial Management Setup

Purchasing Setup

- View Purchasing Activity
- View My Purchase Orders
- Email Purchase Orders
- eCommerce Ordering
- eCommerce Order Tracking
- PowerTrack
- User Preferences
- Update History - Purchasing Reports

My Requisition Processing

Requisitions

Purchase Order Receiving

Receiving

Adding a Requisition

Click Financial Management, Purchasing, My Requisition Processing, Requisitions.

Who, What, When, Why?

Requisitions are requests for purchases that can go through an approval process before actually being ordered or purchased. This process can help distribute the entry task to a larger group of people.

Users that enter requisitions will be responsible for entering that information correctly and timely. When Requisitions are fully approved, they become Batch Status Purchase Orders.

Requisitions - WF\PU\MR\RE\RQ - 10740 - 05.12.10.00.06 - Windows Internet Explorer

Skyward School District

Joanne Smith Account Preferences Exit ?

Home Account Management Vendors **Purchasing** Accounts Payable Accounts Receivable Fixed Assets Inventory SBAA Custom Reports Federal/State Reporting Bid Management Administration

Requisitions

Requisitions

Requisition Number	App Sts	Today's Sts	Batch Number	Description	Vendor Name	Vnd St	Amount	Entered By
0000040592	WIP		WEBREQ	Testing narrative descriptions	H & b supply incscr	IL	12.50	smith, joanne
0000040600	WIP		WEBREQ	This is a test to see what prints	A. t. tradersscr	IL	450.00	smith, joanne
0000039345	WFM	24		test #1 - PaC entered req	A & d housemovers inc.scr	IL	1,000.00	smith, joanne
0000039346	WFM		WEBREQ	test #2 - Web entered req	B & b athletic supply llc...	IL	1,000.00	smith, joanne
0000040586	WFM		WEBREQ	communications system	A.k.agencesscr	IL	50,000.00	Smith, Nancy
0000040589	WFM		WEBREQ	Master Record:	R & a kumarscr	IL	1,150.00	smith, anna
0000040595	WFM		WEBREQ	Testing - Blanket Req	H & b supply incscr	IL	450.00	Alequinscr, Jona
0000040598	PEN		WEBREQ	test	D & g business machinessc...	IL	1.00	Rexrodescr, Victo

Filter Options

Print

Add

Create

Clone

Notes

Attach

Submit

Click Add to add a new requisition.

Requisition Master Information - WF\PU\MR\RE\RQ - 10740 - 05.12.10.00.06 - Windows Internet Explorer

Requisition Master Information

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Setup Information

Requisition Group: 001 - MR, PO/RQ

Fiscal Year: 2011 - 2012 July 1, 2011 - June 30, 2012

☒ Account allocation by total requisition amount (YMA).

☐ Account allocation by each requisition detail line (YDA).

☐ This is a Blanket Requisition/Purchase Order

2. Select the Account allocation for this requisition.

- Account allocation by total requisition amount (YMA)
- Account allocation by each requisition detail line (YDA)

* Description:

Save and Add Detail

Save and Mass Add Detail

Back

1. Select the Requisition Group and the Fiscal Year to use for this requisition.

Requisition Master Information - WF\PU\MR\RE\RQ - 10740 - 05.12.10.00.06 - Windows Internet

Requisition Master Information

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Setup Information

Requisition Group: 001 - MR PO/RQ
Fiscal Year: 2011 - 2012 July 1, 2011 - June 30, 2012

☒ Account allocation by total requisition amount (YMA).
☐ Account allocation by each requisition detail line (YDA).
☐ This is a Blanket Requisition/Purchase Order
☐ This requisition is used to restock a warehouse.

* Description:

Check if This is a Blanket Requisition/Purchase Order or if The requisition is used to restock a warehouse.

Save and Add Detail
Save and Mass Add Detail
Back

Requisition Setup Information

Requisition Group: 001 - MR PO/RQ
Fiscal Year: 2011 - 2012 July 1, 2011 - June 30, 2012

☒ Account allocation by total requisition amount (YMA).
☐ Account allocation by each requisition detail line (YDA).
☐ This is a Blanket Requisition/Purchase Order
☐ This requisition is used to restock a warehouse.

Requisition Information

* Description: To purchase party supplies for the homecoming festivities.

* Vendor: Glacier marketing networkscr 886 Scramble avenue PO BOX 846367 Skyward

* Ship To: Skyward school districtscr 8849 Scramble avenue Skyward City IL 5555

Attention: Joanne Smith

* Due Date: 11/02/2012 Friday

Ship Date: 11/02/2012 Friday

Ship Via:

Protect/Grant:

Contract:

Enter the requisition Description.

Begin typing the Vendor name and select from the drop-down list or, click the Vendor link to select from the Vendor Master.

Save and Add Detail
Save and Mass Add Detail
Back

Requisition Information

* Description: To purchase party supplies for the homecoming festivities.

* Vendor: Glacier marketing networkscr 886 Scramble avenue PO BOX 846367 Skyward

* Ship To: Skyward school districtscr 8849 Scramble avenue Skyward City IL 5555

Attention: Joanne Smith

* Due Date: 11/02/2012 Friday

Ship Date: 11/02/2012 Friday

Ship Via:

Protect/Grant:

Contract:

Select the Ship To address and Attention information for this order as well as the Due Date and Ship Date if necessary.

If applicable, enter the Via method for this shipment.

Requisition Master Information - WF\PU\MR\RE\RQ - 10740 - 05.12.10.00.06 - Windows Internet

Requisition Master Information

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Master Information

Requisition Setup Information

Requisition Group: 001 - MR PO/RQ

Fiscal Year: 2011 - 2012 July 1, 2011 - June 30, 2012

☒ Account allocation by total requisition amount (YMA).
☐ Account allocation by each requisition detail line (YDA).
☐ This is a Blanket Requisition/Purchase Order
☐ This requisition is used to restock a warehouse.

2. Click **Save and Add Detail** to add **one** line of merchandise or click **Save and Mass Add Detail** to easily add **multiple** lines of merchandise.

Save and Add Detail
Save and Mass Add Detail
Back

Requisition Information

* Description: To purchase party supplies for the homecoming festivities.

* Vendor: Glacier marketing networkscr 886 Scramble avenue PO BOX 846367 Skyward

* Ship To: Skyward school districtscr 8849 Scramble avenue Skyward City IL 5555

Attention: Joanne Smith

* Due Date: 11/02/2012 Fri

Ship Date: 11/02/2012 Fri

Ship Via:

Project/Grant:

Contract:

1. If the requisition is tied to a particular **Project/Grant** it can be selected here as well as the type of **Contract**.

Requisition Master Information - WF\PU\MR\RE\RQ - 10740 - 05.12.10.00.06 - Windows Internet

Requisition Master Information

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Master Information

Requisition Setup Information

Requisition Group: 001 - MR PO/RQ

Fiscal Year: 2011 - 2012 July 1, 2011 - June 30, 2012

☒ Account allocation by total requisition amount (YMA).
☐ Account allocation by each requisition detail line (YDA).
☐ This is a Blanket Requisition/Purchase Order
☐ This requisition is used to restock a warehouse.

2. Click **Save and Add Detail** to add **one** line of merchandise or click **Save and Mass Add Detail** to easily add **multiple** lines of merchandise.

Save and Add Detail
Save and Mass Add Detail
Back

Requisition Information

* Description: To purchase party supplies for the homecoming festivities.

* Vendor: Glacier marketing networkscr 886 Scramble avenue PO BOX 846367 Skyward

* Ship To: Skyward school districtscr 8849 Scramble avenue Skyward City IL 5555

Attention: Joanne Smith

* Due Date: 11/02/2012 Fri

Ship Date: 11/02/2012 Fri

Ship Via:

Project/Grant:

Contract:

1. If the requisition is tied to a particular **Project/Grant** it can be selected here as well as the type of **Contract**.

Asterisk (*) denotes a required field

Requisition Detail Lines/Accounting

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Master Information

Batch Number: **WEBREQ**
 Requisition Number: **0000040601**
 Group: **(001) MR PO/RQ**
 Fiscal Year: **2011 - 2012**
 Vendor: **Glacier marketing networkscr**
886 Scramble avenue PO BOX 846367
Skyward City IL 55555-6367

Accounting: **Account allocation by total requisition amount.**
 Amount: **0.00**
 Ship To: **Skyward school districtscr**
 Blanket PO: **This is not a Blanket PO**
 Description: **To purchase party supplies for the homecoming festival**

Requisition Detail Lines

* Line Number: **100**
 Line Type: ☒ Merchandise
☐ Narrative
 Catalog: **[Link]**
 * Quantity: **15**
 Unit of Measure: **EACH**
 * Unit Cost: **25.00000**
 Total Amount: **375.00**
 * Description: **Decorations and Parade Float items**

1. Select whether the detail line item type is Merchandise or Narrative.
 If Merchandise is chosen then select the following details:
 • Catalog - Use the link or the drop-down
 • Quantity
 • Unit of Measure - Use the link or type in the field
 • Unit Cost
 • Description

2. Click Save.

Save
Back

Requisition Detail Lines/Accounting

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Master Information

Batch Number: **WEBREQ**
 Requisition Number: **0000040601**
 Group: **(001) MR PO/RQ**
 Fiscal Year: **2011 - 2012**
 Vendor: **Glacier marketing networkscr**
886 Scramble avenue PO BOX 846367
Skyward City IL 55555-6367

Accounting: **Account allocation by total requisition amount.**
 Amount: **1,925.00**
 Ship To: **Skyward school districtscr**
 Blanket PO: **This is not a Blanket PO**
 Description: **To purchase party supplies for the homecoming festivities.**

Submit For Approval
 Save and Finish Later
 Back
 Edit Master Notes
 Attachments

Requisition Detail Line Items

Views: **General** Filters: ***Skyward Default**

Line	Catalog Code	Description	Quantity	U of M	Unit Cost	Total Cost	Comm Code
100		Decorations and Parade Float items	15	EACH	25.00000	375.00	
110		Party Favors	100	BX	15.50000	1,550.00	

Click Add.

Add
 Add Detail
 Add Requisition Accounts

Requisition Detail Lines/Accounting

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Master Information

Batch Number: **WEBREQ**
 Requisition Number: **0000040601**
 Group: **(001) MR PO/RQ**
 Fiscal Year: **2011 - 2012**
 Vendor: **Glacier marketing networkscr**
886 Scramble avenue PO BOX 846367
Skyward City IL 55555-6367

Accounting: **Account allocation by total requisition amount.**
 Amount: **1,925.00**
 Ship To: **Skyward school districtscr**
 Blanket PO: **This is not a Blanket PO**
 Description: **To purchase party supplies for the homecoming festivities.**

Requisition Detail Lines

* Line Number:
 Line Type: ☐ Merchandise
☒ Narrative
 Narrative: **Delivery**
 Quantity:
 Unit of Measure:
 Unit Cost:
 Total Amount:
 Description: **Please deliver items to the main office in the district building.**

If Narrative is chosen, select the Narrative and Description details.

Save
Back

Requisition Detail Lines/Accounting

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Master Information

Batch Number: **WEBREQ**
 Requisition Number: **0000040601**
 Group: **(001) MR PO/RQ**
 Fiscal Year: **2011 - 2012**
 Vendor: **Glacier marketing networkscr**
886 Scramble avenue PO BOX 846367
Skyward City IL 55555-6367

Accounting: **Account allocation by total requisition amount.** [Edit Master Notes](#)
 Amount: **1,925.00**
 Ship To: **Skyward school districtscr**
 Blanket PO: **This is not a Blanket PO**
 Description: **To purchase party supplies for the homecoming festivities.**

1. Save and Finish Later may be used to pause the entry process.

Requisition Detail Line Items

Views: **General** Filters: ***Skyward Default**

Line	Catalog Code	Description	Quantity	U of M	Unit Cost	Total Cost	Comm Code
100		Decorations and Parade Float items	15	EACH	25.00000	375.00	
110		Party Favors	100	BX	15.50000	1,550.00	
120	Delivery	Please deliver items to the main office in the district building.	0		0.00000	0.00	

2. When all of the line items have been added, click **Add Requisition Accounts** to select the accounts.

Submit For Approval
Save and Finish Later
Back
Add
Edit
Delete
Mass Add Detail
Add Requisition Accounts

Account Distribution

Available Accounts

Available Accounts for Clearance Group MR Accounts

Fnd	T	Loc	Func	Obj	Sj	Source	Funds Available	Selected
10	E	000	1100	1300	00	410002	\$0.00	<input type="checkbox"/>
10	E	000	1100	1300	00	410003	\$0.00	<input type="checkbox"/>
10	E	000	1100	1300	00	441501	\$0.00	<input type="checkbox"/>
10	E	000	1100	1300				
10	E	000	1100	1300				
10	E	000	1100	1300	00	493203	\$0.00	<input type="checkbox"/>
10	E	000	1100	1300	00	499906	\$0.00	<input type="checkbox"/>
10	E	000	1100	1300	00	499907	\$1,364.00	<input type="checkbox"/>
10	E	000	1100	1300	00	499908	\$9,176.00	<input checked="" type="checkbox"/>
10	E	000	1100	1300	00	499909	\$0.00	<input type="checkbox"/>
10	E	000	1100	2110	00	000000	\$1,616.00	<input type="checkbox"/>
10	E	000	1100	2110	00	220002	\$0.00	<input type="checkbox"/>

100 records displayed

Total Amount to Distribute: **\$1925.00 100.00%**
 Total Distributed: **\$1925.00 100.00%**
 Amount Remaining: **\$0.00 0.00%**

Selected Accounts

Account Number	Amount	Percent
10E000 1100 1300 00 499908	1925.00	100.00

Remove Remove All

Account Level Description

10 EDUCATION FUND
 1100 REGULAR PROGRAMS
 1300 OVERTIME SALARIES/EXTRA PAY
 499908 ADVANCED PLACEMENT GRANT '08

2011-2012 Available Funds By Individual Account

3. Click Save Account Distribution.

1. Select the appropriate account(s) to expense the order to.

2. Information from the account selected in the top portion of the screen and the distribution will populate into the bottom window.

The Amount or Percent for each selected account can be modified.

Remove and Remove All can de-select accounts.

Requisition Master Information | Requisition Detail Lines/Accounting

Requisition Detail Lines/Accounting

Requisition Master Information

Batch Number: **WEBREQ**
 Requisition Number: **0000040601**
 Group: **(001) MR PO/RQ**
 Fiscal Year: **2011 - 2012**
 Vendor: **Glacier marketing networkscr**
886 Scramble avenue PO BOX 846367
Skyward City IL 55555-6367

Accounting: **Account allocation by total requisition amount.**
 Amount: **1,925.00**
 Ship To: **Skyward s**
 Blanket PO: **This is not**
 Description: **To purcha**

Requisition Accounts

Requisition Accounting

Account Number	Account Amount	Account
10E000 1100 1300 00 499908	\$1,925.00	1100,GRP76


Submit For Approval
 Save and Finish Later
 Back

When the entry is complete, click **Submit for Approval**.

If the entry is not complete, click **Save and Finish Later** which will create a **WIP** status requisition that can be edited and submitted at a later date.

This concludes the tutorial.

VENDORS WITH ONLINE CATALOGS IN SKYWARD

- Baker Office Products, CDW-G, Dell, Frey Scientific, Office Depot, and School Specialty (more will be added throughout the year as it becomes available)
 - Add requisition (see previous process) EXCEPT you will choose
- 
- You can “search” the online catalog and select items/quantities and it will input the item(s) in the requisition for you automatically

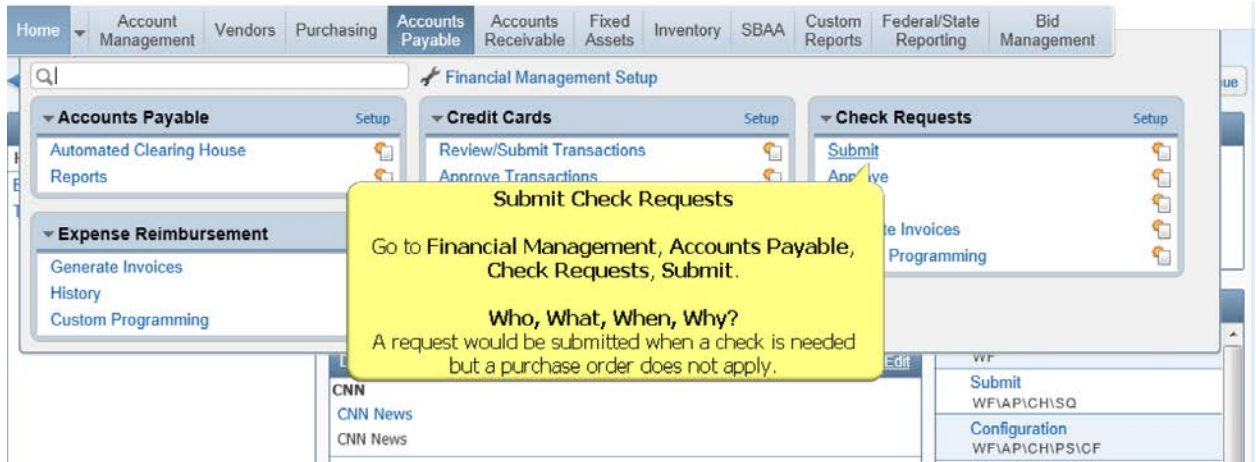
VENDORS REQUIRING USER NAME/PASSWORD TO GET PRICING ONLINE

- GOVCONNECTION AND QUILL
 - Save as a CART. **Please do not submit order.**
 - USERNAME – (CONTACT Beverly Crawford for your assignment)
 - PASSWORD – (Contact Beverly Crawford for your assignment)
 - Once the PO is approved by your supervisor, the Purchasing Dept. will order it online.

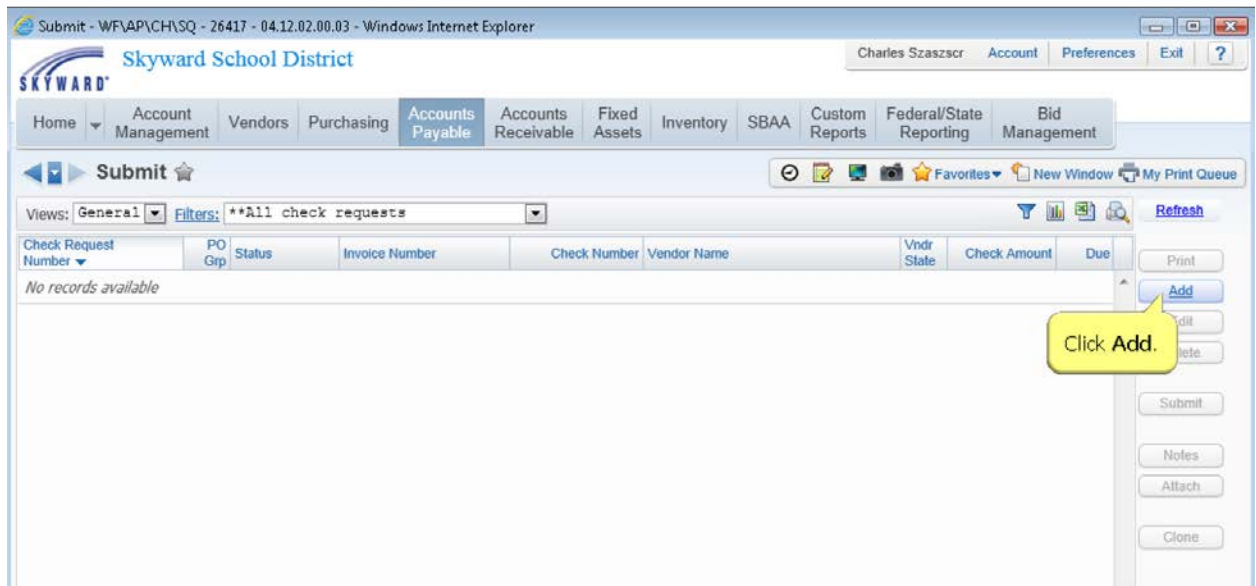
HOW TO ENTER A REQUEST FOR CHECK (STUDENT TRAVEL, EMPLOYEE TRAVEL, CONFERENCE REGISTRATIONS, CERTAIN SERVICES)

Approval paths are established within each campus/department indicating the electronic flow of the check request.

1. Check requests are initiated and entered electronically at the campus/department.
2. Provide the following information:
 - a. Exact invoice number
 - b. Exact invoice DUE DATE (reflected on the invoice)
 - c. Invoice electronically attached to the check request
 - d. Correct mailing address to “REMIT” the invoice. Contact Purchasing Department if the mailing address does NOT match the invoice.
3. Check requests are due (approved and ready for processing) no later than 10-days prior to the due date to all proper time for processing.
4. The following pages have the online process from the Skyward tutorial.



Slide 2 - Slide 2



Slide 3 - Slide 3

Add Check Request - WF\AP\CH\SQ - 26417 - 04.12.02.00.03 - Windows Internet Explorer

Add Check Request

Check Request Information

* PO Group: 101 - Jones Elementary

* Invoice Number: PS101-10072012

* Invoice Date: 02/16/2012 Thursday

* Vendor: Abc restaurant supplyscr 9383 Scramble avenue PO BOX 42226 Scramble WV 55555

* Description: equipment rental

* Due Date: 02/16/2012 Thursday

Check Amount:

☐ Do not mail

Check Request Detail Line

Detail Invoice Entry

Detail Line Description: equipment

General Ledger Account

Account: 199 E 41 6399 00 7

Account: 199 E 31 6399 00 1

Detail Invoice Entry

1099 Invoice Amount: 100.00

Accounting Amount: 50.00

50.00

100.00

More

Submit For Approval

Check Spelling

Save and Finish Later

Back

Select a PO Group.

- These will be the same groups used for requisitions.
- The approvers are the same.
- Only the Users' Account Clearance is applicable.

Enter an Invoice Number.
This is a required, alpha-numeric field.

Enter an applicable Invoice Date.
It will default to the date the request is being entered, but can be changed.

Enter the Vendor.

Enter a detailed Description to outline the reason for the request.
The Due Date will default to the date the request is entered, but can be changed.

Slide 4 - Slide 4

Add Check Request - WF\AP\CH\SQ - 26417 - 04.12.02.00.03 - Windows Internet Explorer

Add Check Request

Check Request Information

* PO Group: 101 - Jones Elementary

* Invoice Number: PS101-10072012

* Invoice Date: 02/16/2012 Thursday

* Vendor: Abc restaurant supplyscr 9383 Scramble avenue PO BOX 42226 Scramble WV 55555

* Description: equipment rental

* Due Date: 02/16/2012 Thursday

Check Amount: 100.00

☐ Do not mail

Check Request Detail Line

Detail Invoice Entry

Detail Line Description: equipment

General Ledger Account Distribution

Account: 199 E 41 6399 00 701 0 99 000: GENERAL /GEN ADM /GENERAL SUPPL././

Account: 199 E 31 6399 00 101 0 11 000: GENERAL /G & C /GENERAL SUPPL././ELEMENTARY/0/

Detail Invoice Entry

1099 Invoice Amount: 100.00

Accounting Amount: 50.00

50.00

Total: 100.00

More

Enter a Detail Line Description for each line item and the Invoice Amount.

If Do Not Mail is checked, the configured special batch number will be assigned to the request.

Enter the appropriate account number.

Up to four accounts can be used per detail line item.

Slide 5 - Slide 5

Add Check Request - WFVAP\CH\SQ - 26417 - 04.12.02.00.03 - Windows Internet Explorer

Add Check Request

Check Request Information

* PO Group: 101 - Jones Elementary

* Invoice Number: PS101-10072012

* Invoice Date: 02/16/2012 Thursday

* Vendor: Abc restaurant supplyscr 9383 Scramble avenue PO BOX 42226 Scramble WV 55555

* Description: equipment rental

* Due Date: 02/16/2012 Thursday

Check Amount: 100.00

☐ Do not mail

Submit For Approval
Check Spelling
Save and Finish Later
Back

Click Submit For Approval when the request is completed.

Check Request Detail Line

Detail Invoice Entry

Detail Line Description

equipment

General Ledger Account Distribution

Account 199 E 41 6399 00 701 0 99 000: GENERAL /GEN ADM /GENERAL SUPPL././ 50.00

Account 199 E 31 6399 00 101 0 11 000: GENERAL /G & C /GENERAL SUPPL./ELEMENTARY/0/ 50.00

Total: 100.00

As each line item amount is entered, the Check Amount will automatically adjust.

Slide 6 - Slide 6

Submit - WFVAP\CH\SQ - 26417 - 04.12.02.00.03 - Windows Internet Explorer

Skyward School District

Charles Szaszscr Account Preferences Exit

Home Account Management Vendors Purchasing **Accounts Payable** Accounts Receivable Fixed Assets Inventory SBAA Custom Reports Federal/State Reporting Bid Management

Submit

Views: General Filters: **All check requests

Check Request Number	PO Grp	Status	Invoice Number	Check Number	Vendor Name	Vndr State	Check Amount	Due
0000000000000021	101	Submitted	PS101-10072012		Abc restaurant supply			

The requests will be listed including the Status, Invoice Number, Vendor, Check Amount, and Due Date.

Selecting any of these column headings will change the sort of the displayed requests.

Click Edit to modify a request.

Click Delete to remove a request.

Print
Add
Edit
Delete
Submit
Notes
Attach
Clone

Slide 7 - Slide 7

Submit - WFVAP\CH\SQ - 26417 - 04.12.02.00.03 - Windows Internet Explorer

Skyward School District

Charles Szaszscr Account Preferences Exit ?

Home Account Management Vendors Purchasing **Accounts Payable** Accounts Receivable Fixed Assets Inventory SBAA Custom Reports Federal/State Reporting Bid Management

Submit

Views: General Filters: **All check requests

Click **Print** to print a voucher for the request.

Check Request Number	PO Grp	Status	Invoice Number	Check Number	Vendor Name	Vndr State	Check Amount	Due
000000000000021	101	Submitted	PS101-10072012		ABC restaurant supplyscr	WV	100.00	02/16

Both **Notes** and **Attachments** can be added to a Check Request.

Click **Clone** to make an exact duplicate of the selected request that can be modified appropriately.

Print Queue

Print Add Edit Delete Submit Notes Attach Clone

Slide 8 - Slide 8

Submit - WFVAP\CH\SQ - 26417 - 04.12.02.00.03 - Windows Internet Explorer

Skyward School District

Charles Szaszscr Account Preferences Exit ?

Home Account Management Vendors Purchasing **Accounts Payable** Accounts Receivable Fixed Assets Inventory SBAA Custom Reports Federal/State Reporting Bid Management

Submit

Expand the check request.

ck requests

Check Request Number	PO Grp	Status	Invoice Number	Check Number	Vendor Name	Vndr State	Check Amount	Due
000000000000021	101	Submitted	PS101-10072012		ABC restaurant supplyscr	WV	100.00	02/16

Refresh

Print Add Edit Delete Submit Notes Attach Clone

Slide 9 - Slide 9

Submit - WFVAP\CH\SQ - 26417 - 04.12.02.00.03 - Windows Internet Explorer

Skyward School District

Charles Szaszscr We value your feedback ?

Home Account Management Vendors Purchasing Accounts Payable Accounts Receivable Fixed Assets Inventory SBAA Custom Reports Federal/State Reporting Bid Management

Submit

Views: General Filters: **All check requests

Check Request Number PO Grp Status Invoice

0000000000000021 101 Submitted PS1

Expand All Collapse All Modify Details (display)

Check Request Information

Check Request #: 0000000000000021 Invoice #: PS101-10072012
 Invoice Date: 02/16/2012 Request Amount: 100.00
 Due Date: 02/16/2012 Do not mail: No
 PO Group: 101 - Jones Elementary
 Description: equipment rental
 Vendor: Abc restaurant supplyscr 9383 Scramble avenue PO BOX 42226 Scramble WV 55555
 Entered By: Szaszscr Charles on 02/16/2012

Check Request Detail Line Entries

Description	Invoice Number	Invoice Date	Accounting Amount	Detail Amount	1099
General Ledger Account Distribution					
equipment	PS101-10072012	02/16/2012		100.00	N
199 E 41 6399 00 701 0 99 000			50.00		
199 E 31 6399 00 101 0 11 000			50.00		

Vndr State Check Amount Due

WV 100.00 02/16

Print Add Edit Delete Submit Notes Attach Clone

Refresh

Three nodes display the pertinent information for the check request:

- Check Request Information
- Check Request Detail Line Entries
- Approval History

This concludes the tutorial.

FREQUENTLY ASKED QUESTIONS

- **Online Purchasing (Including Online Conference Registrations)**
 - Online purchases are not allowed unless they have been authorized by the Business Office and a purchase order has been processed. **This includes online conference registrations.**
 - **Purchase Order Required** – Employees may register online AFTER a purchase order has followed the approval process. A copy of the registration form MUST be attached to the purchase order. Online registration confirmation must be attached to the PO after the employee has registered. Please attach a copy of the registration form to the travel request.
 - According to policy CH (LOCAL), “The Board shall not be responsible for debts incurred by persons or organizations not directly under Board control. Persons making unauthorized purchases shall assume full responsibility for all such debts.”
- **Quotes**
 - Please attach written (fax or email from vendor) price quote to the Skyward requisition. .
 - When availability and pricing are received from more than one vendor, keep written documentation of the quotes for auditing purposes. When documenting availability and pricing:
 - List the vendor,
 - Person quoting price and availability,
 - Quote and
 - The items being quoted.

FREQUENTLY ASKED QUESTIONS CONT.

- Outdated Catalogs
 - Avoid using outdated catalogs. Model/catalog numbers, prices and items change frequently. Do not use prior year purchase orders to obtain pricing. Many vendors have current pricing available online.
- Furniture Delivery
 - Furniture purchased from a Plainview ISD bid includes freight charges “FOB Destination” ONLY and inside delivery. “Inside delivery” means the delivering company will unload the furniture “inside the building.”
 - DO NOT assist the freight carrier if asked to help unload a truck. This is a violation of the bid terms and conditions.
 - Do not be afraid to “refuse” delivery when necessary. This is a well-known method to vendors.
- Can I be reimbursed?
 - It is against Plainview ISD Administrative Regulations for employees to purchase items and be reimbursed.
 - Policy CH(LOCAL) states the following regarding Purchase Commitments
 - All purchase commitments shall be made by the Superintendent or designee in accordance with administrative procedures, including the District’s purchasing procedures (our purchases are ordered on a properly drawn and executed purchase order).
 - Local Board policies for purchasing are located at each campus/department in hard copy format as well as the Plainview ISD website found at <http://pol.tasb.org/Policy/Code/558>.
- Technology Purchases (laptops, computers, tablets, etc...)
 - All technology purchase will be approved by the Executive Director for Technology and Informational System Services prior to a purchase order being approved.

TRAVEL GUIDELINES FOR EMPLOYEES

The Travel Request/Expense Statement is the form used to document the actual allowable expenditures that were authorized and incurred for out of town travel. The Estimate of Trip Cost must be completed and submitted to the Purchasing Department **10 days prior** to your date of departure. The After Trip Actual Costs must be completed, applicable receipts attached, signed and submitted to the Purchasing Department **five (5) days** after you return to the District. Failure to finalize and submit the travel form may cause a delay in processing future advance or reimbursement payments to the employee.

Following is the procedure for taking a trip.

- 1. Obtain permission from supervisor/campus principal, or director**
 - Prior approval to travel must be documented by the immediate supervisor.
 - Employees must submit a travel request to their immediate supervisor to be reimbursed for any travel expensed incurred.
 - Failure to follow proper procedures may result in an employee not being reimbursed.
- 2. Register with a purchase order or check.**
 - A copy of the registration form must be attached to the purchase order or check request.

- The purchase order number or check request number must be referenced on the travel request form.
 - Attach a copy of the registration for to the travel request.
 - Employees must provide proof of attendance, attached to the submitted travel form, upon return to the District.
3. **Determine transportation method – flying or driving (most employees fly),** but if an employee desires to drive, he must select the lower cost of driving vs flying.
- When determining the lower cost of flying vs. driving:
 - Go to www.southwest.com (the day you register for your conference).
 - Select the lowest available (including Wanna-Get-Away) **round trip** airfare for your destination.
 - Print the itinerary showing the price listed for the airfare on the day you check pricing – THIS IS VERY IMPORTANT. You may add \$20 to the lowest round trip airfare to get correct pricing.
 - Attach this document to your travel request.

Lubbock, TX to Austin, TX

Air

Total Price: \$375.96

add \$20

ITINERARY	Flight Segments	Flight Summary
DEPART <div style="background-color: #ffcc00; padding: 2px;">NOV 30</div> MON	06:50 PM Depart Lubbock, TX (LBB) on Southwest Airlines 07:55 PM Arrive in Austin, TX (AUS) <div style="text-align: right; font-size: small;">Flight #206 Southwest WiFi available</div>	Monday, November 30, 2015 Travel Time 1 h 05 m (Nonstop) Wanna Get Away
RETURN <div style="background-color: #ffcc00; padding: 2px;">DEC 4</div> FRI	01:10 PM Depart Austin, TX (AUS) on Southwest Airlines 02:05 PM Arrive in Dallas (Love Field), TX (DAL) 02:45 PM Change ✈️ to Southwest Airlines in Dallas (Love Field), TX (DAL) 03:50 PM Arrive in Lubbock, TX (LBB) <div style="text-align: right; font-size: small;">Flight #2977 Southwest WiFi available Flight #1982 Southwest</div>	Friday, December 4, 2015 Travel Time 2 h 40 m (1 stop, includes 1 plane change) Wanna Get Away

\$395.96 to fly.

Quick Air Links

- ▶ Check In
- ▶ Change Flight
- ▶ Check Flight Status

Account Login Enro

Username
Account Number or Username

Password
Password (Case Sensitive)

☐ Remember Me

Need help logging in?

Manage Travel

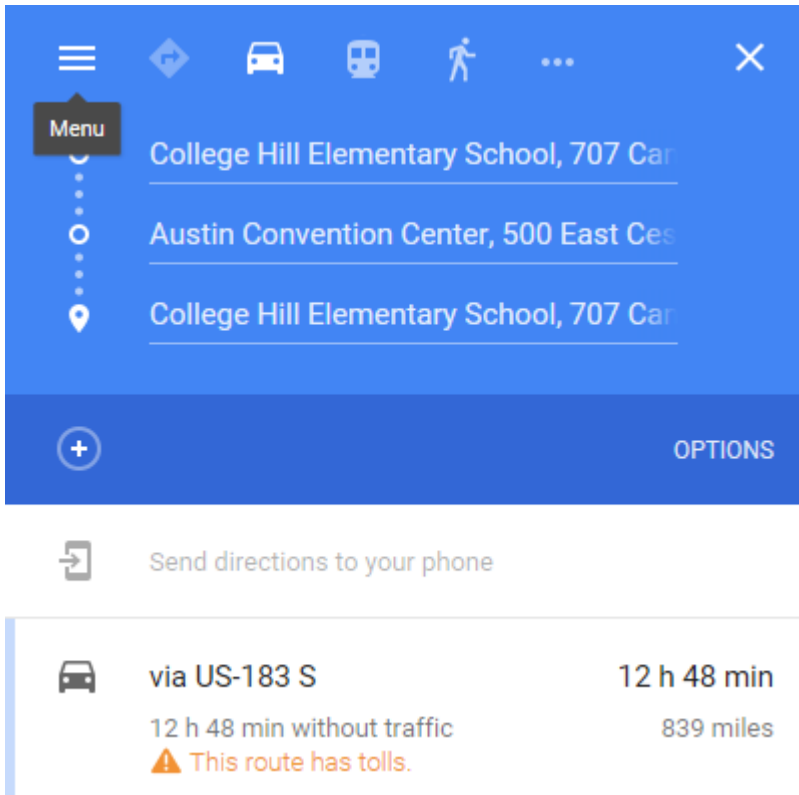
Shopping Cart

Air Modify |

NOV 30	MON	Depart Flt 206 LBB	6:50 PM	Arrive Flt 2977 AUS	7:55 PM
		Adult Airfare Wanna Get Away fare			
DEC 4		Return Flt 2977			

THEN.....

- Go to www.google.com/maps or www.bing.com/maps (any online mapping service on the Internet) to determine the **round trip** mileage to your destination.
- Calculate the mileage at **.54 cents** per mile.
- The District will reimburse/commit to allowing the lowest cost to travel (lesser of driving vs flying).
- See below for example.



- According to the example above, the District would allow the amount of flying, \$395.96, instead of the amount to drive, **\$453.06 for this trip (839 miles * .54cents)**. Flying is less expensive.

4. **Transportation:** According to DEE(REGULATION) aka Administrative Regulation -

- Actual costs for public transportation will be reimbursed. Employees, when traveling by commercial airline, must travel tourist/economy class when such space is available. Receipts for public transportation must be attached to the employee's request for reimbursement.
- Car rentals (requires Purchase Order) using Enterprise will be reimbursed at actual cost. Itemized receipt for car rental costs must be attached to the employee's travel form. A detailed justification for the car rental must be attached to the request for reimbursement.
- Contact the Purchasing Department for clarification.
- Airline reservations are made through Travel World at reservations@travel-worldnet.com or by calling (806) 293-4488. The cost of the airfare must be entered as a purchase order. The purchase order number and cost must be documented as information on the travel request form.
- Personal vehicle mileage – according to DEE(REGULATION):
 - The District will match mileage reimbursement rates established by the Texas Comptroller of Public Accounts and distributed by the Texas Education Agency. These rates are subject to change **January 1 and September 1** of each year. **Effective 9/1/16,** travel in the employee's private vehicle will be reimbursed at **.54 cents** per mile.

Mileage claims will be based on the shortest practical route between the District and the destination via intermediate points (address to address).

- **When two or more employees** of the District travel with the same itinerary on the same dates, only one may claim a travel reimbursement for mileage in a personal vehicle. An exception may be made if more than four employees use more than one vehicle to attend a meeting or conference. Mileage reimbursement will be allowed for one vehicle for each four employees and for any fraction in excess of a multiple of four employees. If, in any instance, it is not feasible for these employees to travel in the same vehicle, they may request prior approval for reimbursement for travel for each person authorized to use his or her personal vehicle in such travel.

5. Reserve hotel accommodations.

- Itemized reservations are required.
- Lodging costs include the actual room cost plus allowable taxes. It is the employee's responsibility to secure the reservation and determine the exact cost, excluding Texas state tax 6%).
 - Only federal travel allows per diem hotel rates. Go to www.gsa.gov/portal/category/21287 and select your city and state for travel. This stated amount can be spent PER PERSON on a hotel using federal money (plus applicable tax).
- Travel advance for hotel accommodations will be advanced on your travel request check.
- **Third Party booking is not allowed. This includes Hotels.com, Expedia, Priceline, Orbits, Travelocity, etc (as they cannot provide itemized receipts or remove State Tax).**

6. Meal costs are advanced/reimbursed on a Per Diem basis for overnight travel only.

- Per Diem rates for In-State and Out-of-State travel are based on departure and return times. An employee must be out of District four (4) hours to receive a meal.
- Meals provided by the conference or meeting are not to be reimbursed.
- **Current Per Diem rates: Breakfast - \$10, Lunch - \$15, Dinner - \$21.**

7. Determine transportation once at venue – taxi, shuttle, or car rental (receipts required).

- **Parking** includes airport, hotel and event parking (receipt required).
- Provide receipts for taxi and shuttles for reimbursement. The District does not pay for taxi/shuttle fare to other locations for meals, entertainment, shopping, etc.
- A purchase order is required for car rental. Please email Beverly Crawford with date/time you arrive and depart the airport. She will secure pricing and will email you the requisition for you to enter as a purchase order for the car rental; once approved we will send a confirmation email to the employee and carbon copy the secretary. Please include the purchase order number on the travel form.
- Employees may not add any upgrades to the car rental (GPS, insurance or fuel). Employees are not to use Enterprise as a fueling option.

8. Complete Travel Authorization Form (applicable receipts/forms attached)

9. Submit Travel Authorization Form to the Purchasing Department 10 days prior to departure.

Examples of Travel Forms, how to enter employee or student travel are on the following pages.

EMPLOYEE OVERNIGHT TRAVEL CHECK REQUEST & TRAVEL FORM EXAMPLE

Add Check Request - WF\AP\CH\SQ - 26417 - 05.16.06.00.04 - Internet Explorer

Add Check Request

Check Request Information

* PO Group used for approvals: 102 - COLLEGE HILL ELEM

* Invoice Number: 27828

* Invoice Date: 09/01/2016 Thursday

* Vendor: MARY GREEN

* Description: TRAVEL ADVANCE-AUSTIN (SDE DIFFERENTIAL INSTRUCTION) 9/18-21

* Due Date: 09/16/2016 Friday ☒ Do not mail

Check Amount: 665.32

Submit For Approval

Save and Finish Later

Back

Notes

Attach

Check Request Detail Line Entry

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

MEALS (9/18-21) SEE ATTACHED TRAVEL FORM ☐ 138.00

General Ledger Account Distribution Accounting Amount

Account: 199 E 13 6411 00 102 0 11 000 - GENERAL/CUR.DEV/TRAV-EMPLOYEE/CH/2015-2016 \$ 138.00 More

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

ROUNDTRIP MILEAGE-LUBBOCK AIRPORT (89.8 * .54) ☐ 48.49

General Ledger Account Distribution Accounting Amount

Account: 199 E 13 6411 00 102 0 11 000 - GENERAL/CUR.DEV/TRAV-EMPLOYEE/CH/2015-2016 \$ 48.49 More

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

PARKING-LUBBOCK AIRPORT (\$9/DAY * 3 DAYS) AND HOTEL PARKING (\$10/DAY * 3 DAYS) ☐ 57.00

General Ledger Account Distribution Accounting Amount

Account: 199 E 13 6411 00 102 0 11 000 - GENERAL/CUR.DEV/TRAV-EMPLOYEE/CH/2015-2016 \$ 57.00 More

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

HOTEL: CHECK IN 9/18, CHECK OUT 9/21 (\$129 + 9% TAX \$11.61/NIGHT) * 3 NIGHTS (ROOMING WITH J. GARCIA) ☐ 421.83

General Ledger Account Distribution Accounting Amount

Account: \$ 421.83 More

EXAMPLE

PLAINVIEW INDEPENDENT SCHOOL DISTRICT
TRAVEL REQUEST/EXPENSE STATEMENT
For Overnight Travel Only

27828

Name: Mary Green
City: Austin
Destination: SDE Differential Instruction
Date Submitted: 9-1-16
Departure Date (Plaintiff): 9-18-16 4:00 PM
Return Date: 9-21-16 5:30 PM
Days: Back to Plainview
For How Long: 4 Days
Name of Conference and Purpose of Trip: SDE Differential Instruction
Campus/Dept: College Hill/Gr 4 Your Position: X Teacher Aide Administrator Student Non Certified Employee Other
I hereby request permission to attend this event and understand that some of the monies received could be taxable for IRS guidelines. I agree that monies owed to the District and not immediately reimbursed by me may be deducted from my paycheck. X Mary Green
X 199-13-6411-00-102-0-11-000
Employee Signature Requesting Permission To Travel

Principal's Signature: (Signature)
Budget Director Approval:
Business Office Approval:
ADVANCE REQUEST
Do You Require an Advance? X Yes No If Yes What is Your Request: \$ 665.32
* Note: If you currently owe the district money from a previous trip you will not be eligible for an advance until your account is clear and paid in full.
Is employee eligible for an advance? Yes No Reason: By:

MEAL EXPENSE				
Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast @ <u>4.00</u>	<u>10.00</u>	<u>10.00</u>	<u>10.00</u>	<u> </u>
Lunch @ <u>5.00</u>	<u>15.00</u>	<u>15.00</u>	<u>15.00</u>	<u> </u>
Dinner @ <u>2.00</u>	<u>21.00</u>	<u>21.00</u>	<u>21.00</u>	<u> </u>
Daily Meal Totals:	<u>46.00</u>	<u>46.00</u>	<u>46.00</u>	<u>25.00</u>
Grand Total For All Meals >>>>>>				

EMPLOYEE REIMBURSEMENT - OTHER EXPENSES (Must Have Receipts)
Personal Auto Mileage: 89.8 Miles @ 54 per mile
Parking: Thruway = \$9/day Hotel: \$10/day x 3 days
Taxi/Shuttle:
Fuel Expense or Other Exp: Car rental estimate (Gasoline)
Hotel or Motel Lodging: 3 Nights @ \$129 + 9% tax per night
Other Persons Sharing The Room: Jane Doe
DIRECT PURCHASE ORDERS TO VENDOR
Registration: Was this prepaid? X Yes No P.O. # 1020007324
Air Fare: P.O. # 1020007330
Car Rental: Was this prepaid? Yes No P.O. # 1020007332
TOTALS \$ 1,440.79 \$ \$

Note: Any item listed above and followed by an asterisk (*) must be accompanied by an original receipt. Absolutely no reimbursement without these receipts.
NOTE: As per district policy a final expenditure report must be filed with the business office NO LATER than 5 days after your return to the district.
TOTAL ACTUAL EXPENSES \$ AMOUNT DUE EMPLOYEE: \$
LESS ADVANCE TO EMPLOYEE \$ AMOUNT DUE DISTRICT: \$
LESS PRE-PAID EXPENSES \$ Date Paid: Check No.:
LESS PREVIOUS OWED TO DISTRICT \$ Date returned to Supervisor for correction:

FINAL TRIP EXPENDITURE APPROVAL AND REPORT
I hereby state that I am familiar with PISD policy concerning travel expenditures and agree to abide by those policies and regulations pertaining to this travel.
SUBMITTED BY: DATE:
(Person Claiming Expense Reimbursement)
REVIEWED BY: DATE:
(Principal/Immediate Supervisor)
REVIEWED BY: DATE:
(Director)
APPROVED BY: DATE:
(Superintendent or Designee)

CIP:
or
DIP:

EMPLOYEE MILEAGE REIMBURSEMENT (NON-OVERNIGHT TRAVEL)

Add Check Request - WF\AP\CH\SQ - 26417 - 05.16.06.00.04 - Internet Explorer

Add Check Request

Check Request Information
* PO Group used for approvals: 108 - LA MESA ELEMENTARY
* Invoice Number: 27827
* Invoice Date: 10/18/2016 Tuesday
* Vendor: BETH GARZA
* Description: MILEAGE REIMB-LUBBOCK (ESC-17 FIRST YEAR TEACHER ACADEMY) 1/24
* Due Date: 01/20/2017 Friday ☒ Do not mail
Check Amount: 56.70

Check Request Detail Line Entry

Detail Invoice Entry
Detail Line Description: MILEAGE REIMB-LUBBOCK (ESC-17 1ST YEAR TEACHER ACADEMY) 105 MILES *.54 (TRAVEL FORM, MAP, POA) ATT. 1099 Invoice Amount: 56.70
General Ledger Account Distribution: Account: 3 6411 00 108 0 11 000 - GENERAL/CUR.DEV/TRAV-EMPLOYEE/LM/2015-2016/BASIC/ Accounting Amount: 56.70 More

Detail Invoice Entry
Detail Line Description: 1099 Invoice Amount: 0.00
General Ledger Account Distribution: Account: Accounting Amount: 0.00 More

Detail Invoice Entry
Detail Line Description: 1099 Invoice Amount: 0.00
General Ledger Account Distribution: Account: Accounting Amount: 0.00 More

Detail Invoice Entry

Asterisk (*) denotes a required field

Submit For Approval
Save and Finish Later
Back
Notes
Attach

EXAMPLE

PLAINVIEW INDEPENDENT SCHOOL DISTRICT
TRAVEL REQUEST/EXPENSE STATEMENT

27827

Beth Garza

~~For Overnight Travel Only~~
(Non-Overnight)

10-18-2016

Subboc - ESC 17

11/24/17 7:50am

Date Submitted

11/24/17 4:00 pm

First Year Teacher Academy

Departure Date (From Plainview)

Return Date (To Plainview)

Time

Will a substitute be needed? Yes No

For How Long? Days

Name of Conference and Purpose of Trip

Campus/Dept: La Mesa Your Position: Teacher Aide Administrator Student Non Certified Employee Other

I hereby request permission to attend this event and understand that some of the monies received could be taxable per IRS guidelines. I agree that monies owed to the District and not immediately reimbursed by me may be deducted from my paycheck.

Beth Garza

Principal: 199-13-6411-00108-011-000

ADVANCE REQUEST

Do You Require an Advance? Yes No If Yes What is Your Request: \$

Note: If you currently owe the district money from a previous trip you will not be eligible for an advance until your account is clear and paid in full.
Is employee eligible for an advance? Yes No Reason: Non-overnight trip By: (Dr. B.O.)

MEAL EXPENSE

	Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast @ \$7.00					
Lunch @ \$10.00					
Dinner @ \$15.00					
Daily Meal Totals					
Grand Total For All Meals >>>>>>					

EMPLOYEE REIMBURSEMENT - OTHER EXPENSES (Must Have Receipts)

Personal Auto Mileage: 105 Miles @ .54 per mile
Parking: \$
Taxi/Shuttle: \$
Fuel Expense or Other Exp: \$
Hotel or Motel Lodging: Nights @ \$ per night
Other Persons Sharing The Room: \$

DIRECT PURCHASE ORDERS TO VENDOR
Registration: Was this prepaid? Yes No P.O. # Workshop is free
Air Fare: (proof of regist. attached)
Car Rental: Was this prepaid? Yes No P.O. #

To Be Completed By Employee		Reserved For Business Office Corrections/Adj
Estimate Of Trip Cost	After Trip Actual Costs	
\$ 56.70	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$ 0.00	\$	\$
\$	\$	\$
\$	\$	\$
TOTALS \$ 56.70	\$	\$

Note: Any item listed above and followed by an asterisk (*) must be accompanied by an original receipt. Absolutely no reimbursement without these receipts.
OTE: As per district policy a final expenditure report must be filed with the business office NO LATER than 5 days after your return to the district.
TOTAL ACTUAL EXPENSES \$ AMOUNT DUE EMPLOYEE: \$
ESS ADVANCE TO EMPLOYEE \$() AMOUNT DUE DISTRICT: \$
ESS PRE-PAID EXPENSES \$() Date Paid: Check No.:
ESS PREVIOUS OWED TO DISTRICT \$() Date returned to Supervisor for correction:

FINAL TRIP EXPENDITURE APPROVAL AND REPORT

I hereby state that I am familiar with PSD policy concerning travel expenditures and agree to abide by those policies and regulations pertaining to this travel.
SUBMITTED BY: (Person Claiming Expense Reimbursement) DATE:
REVIEWED BY: (Principal/Immediate Supervisor) DATE:
APPROVED BY: (Director) DATE:
APPROVED BY: (Superintendent or Designee) DATE:

Request for Check – Student Travel (see example)

Add Check Request - WP\AP\CH\SQ - 26417 - 05.16.06.00.05 - Internet Explorer

Add Check Request

Check Request Information

* PO Group: 065 - ATHLETICS
used for approvals:

* Invoice Number: VB-ABICPR 9.13#7039

* Invoice Date: 09/01/2016 Thursday

* Vendor: HATCH TORRI CAROL 502 SOUTH HOLLIDAY PLAINVIEW TX 79072

* Description: MEALS-VB@ABILENE COOPER (9TH/JV/VAR) 9/13

* Due Date: 09/09/2016 Friday ☒ Do not mail

Check Amount: 1,080.00

Check Request Detail Line Entry

Detail Invoice Entry

Detail Line Description	1099	Invoice Amount
60 LUNCHES/60 DINNERS @\$9 EA FOR 9/JV/VAR VB TO ABILENE COOPER 9/13/16 (SEND CHECK TO ATHLETIC OFF	<input type="checkbox"/>	1,080.00

General Ledger Account Distribution

Account: 199 E 36 6412 65 001 0 91 029 - GENERAL/CO-CURR/TRAV-STUDENTS/ATHL/H.S./2016 Accounting Amount: 0.00 [More](#)

[Submit For Approval](#)
[Save and Finish Later](#)
[Back](#)
[Notes](#)
[Attach](#)

STUDENT OVERNIGHT TRAVEL EXAMPLE – CHECK REQUEST

Add Check Request - WF\AP\CH\SQ - 26417 - 05.16.06.00.05 - Internet Explorer

Add Check Request

Check Request Information

* PO Group used for approvals: 001 - HIGH SCHOOL

* Invoice Number: NJROTC-HBB 5.12#7040

* Invoice Date: 03/25/2016 Friday

* Vendor: JOHN AMES

* Description: MEALS, HOTEL, ENTRYHOBBS (NJROTC (HOBBS) 5/12-14)

* Due Date: 09/09/2016 Friday ☒ Do not mail

Check Amount: 3,988.68

Submit For Approval

Save and Finish Later

Back

Notes

Attach

Check Request Detail Line Entry

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

25 LUNCHES @ \$9 EACH ON MAY 12 ☐ 225.00

General Ledger Account Distribution Accounting Amount

Account: 199 E 11 6412 00 001 0 11 141 - GENERAL/INST/TRAV-STUDENTS/H.S./2015-2016/BA \$ 225.00 More

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

25 BREAKFAST, 25 LUNCH, 25 DINNERS @ \$9 ON MAY 13 ☐ 675.00

General Ledger Account Distribution Accounting Amount

Account: 199 E 11 6412 00 001 0 11 141 - GENERAL/INST/TRAV-STUDENTS/H.S./2015-2016/BA \$ 675.00 More

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

25 BREAKFAST AND 25 LUNCHES @ \$9EA ON MAY 14 ☐ 450.00

General Ledger Account Distribution Accounting Amount

Account: 199 E 11 6412 00 001 0 11 141 - GENERAL/INST/TRAV-STUDENTS/H.S./2015-2016/BA \$ 450.00 More

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

HOTEL: CHECK IN 5/12, OUT 5/14 (12 ROOMS @ \$89 EACH PLUS 13% NM TAX \$11.57)*2 NIGHTS ☐ 2,413.68

General Ledger Account Distribution Accounting Amount

Account: 199 E 11 6412 00 001 0 11 141 - GENERAL/INST/TRAV-STUDENTS/H.S./2015-2016/BA \$ 2,413.68 More

Detail Invoice Entry

Detail Line Description 1099 Invoice Amount

ENTRY FEE ☐ 225.00

General Ledger Account Distribution Accounting Amount

Account: 199 E 11 6412 00 001 0 11 141 - GENERAL/INST/TRAV-STUDENTS/H.S./2015-2016/BA \$ 225.00 More

**ADMINISTRATION MONTHLY TRAVEL (CAN ONLY BE CLAIMED MONTHLY) FOR PRINCIPALS, DIRECTORS,
EXECUTIVE DIRECTORS**

Mileage reports are to be submitted monthly to the Purchasing Department for reimbursement. Please attach www.google.com/maps to the Monthly Travel Report showing mileage claimed, AND proof of attendance (when applicable).

MONTHLY TRAVEL REPORT

Plainview Independent School District

Employee: _____

Date Submitted: _____

Budget Code: _____

Employee's Signature: _____

Supervisor's Approval: _____

Purchasing Manager's Approval: _____

	Date of Trip	Location Visited, People Contacted, Duties Performed	Mileage
1			
2			
3			
4			

PAYROLL

EXTRA DUTY PROCESS

Following is the process to be used for completing the Extra Duty Process.



Plainview I.S.D. Time Sheet

Certified: *Yes or No*

Program: *General, Title I, Migrant, BESL, Special Ed.*

Employee Name _____, _____
(please print or type) Last First

Pay Period Beginning	Ending
12/1/2017	12/15/2017
12/15/2017	12/29/2017
12/29/2017	1/12/2018
1/12/2018	1/26/2018
1/26/2018	2/9/2018
2/9/2018	2/23/2018
2/23/2018	3/8/2018
3/8/2018	3/22/2018
3/22/2018	4/5/2018
4/5/2018	4/19/2018
4/19/2018	5/3/2018
5/3/2018	5/17/2018
5/17/2018	5/31/2018
5/31/2018	6/14/2018
6/14/2018	6/28/2018
6/28/2018	7/12/2018
7/12/2018	7/26/2018
7/26/2018	8/9/2018
8/9/2018	8/23/2018
8/23/2018	9/6/2018
9/6/2018	9/20/2018
9/20/2018	10/4/2018
10/4/2018	10/18/2018
10/18/2018	11/1/2018
11/1/2018	11/15/2018
11/15/2018	11/29/2018
11/29/2018	12/13/2018
12/13/2018	12/27/2018
12/27/2018	1/10/2019
1/10/2019	1/24/2019
1/24/2019	2/7/2019
2/7/2019	2/21/2019
2/21/2019	3/7/2019
3/7/2019	3/21/2019
3/21/2019	4/4/2019
4/4/2019	4/18/2019
4/18/2019	5/2/2019
5/2/2019	5/16/2019
5/16/2019	5/30/2019
5/30/2019	6/13/2019
6/13/2019	6/27/2019
6/27/2019	7/11/2019
7/11/2019	7/25/2019
7/25/2019	8/8/2019
8/8/2019	8/22/2019
8/22/2019	9/5/2019
9/5/2019	9/19/2019
9/19/2019	10/3/2019
10/3/2019	10/17/2019
10/17/2019	10/31/2019
10/31/2019	11/14/2019
11/14/2019	11/28/2019
11/28/2019	12/12/2019
12/12/2019	12/26/2019
12/26/2019	1/9/2020
1/9/2020	1/23/2020
1/23/2020	2/6/2020
2/6/2020	2/20/2020
2/20/2020	3/6/2020
3/6/2020	3/20/2020
3/20/2020	4/3/2020
4/3/2020	4/17/2020
4/17/2020	5/1/2020
5/1/2020	5/15/2020
5/15/2020	5/29/2020
5/29/2020	6/12/2020
6/12/2020	6/26/2020
6/26/2020	7/10/2020
7/10/2020	7/24/2020
7/24/2020	8/7/2020
8/7/2020	8/21/2020
8/21/2020	9/4/2020
9/4/2020	9/18/2020
9/18/2020	10/2/2020
10/2/2020	10/16/2020
10/16/2020	10/30/2020
10/30/2020	11/13/2020
11/13/2020	11/27/2020
11/27/2020	12/11/2020
12/11/2020	12/25/2020
12/25/2020	1/8/2021
1/8/2021	1/22/2021
1/22/2021	2/5/2021
2/5/2021	2/19/2021
2/19/2021	3/5/2021
3/5/2021	3/19/2021
3/19/2021	4/2/2021
4/2/2021	4/16/2021
4/16/2021	4/30/2021
4/30/2021	5/14/2021
5/14/2021	5/28/2021
5/28/2021	6/11/2021
6/11/2021	6/25/2021
6/25/2021	7/9/2021
7/9/2021	7/23/2021
7/23/2021	8/6/2021
8/6/2021	8/20/2021
8/20/2021	9/3/2021
9/3/2021	9/17/2021
9/17/2021	10/1/2021
10/1/2021	10/15/2021
10/15/2021	10/29/2021
10/29/2021	11/12/2021
11/12/2021	11/26/2021
11/26/2021	12/10/2021
12/10/2021	12/24/2021
12/24/2021	1/7/2022
1/7/2022	1/21/2022
1/21/2022	2/4/2022
2/4/2022	2/18/2022</

[illegible]

Failure to submit timesheets will result in delay of payment until next pay date.

I hereby certify that this time sheet is a true statement of the hours I worked and that the work assigned has been performed.

Employee Signature _____ Date ____/____/____

I hereby certify that this time sheet is a true statement of the hours worked by this employee and that the work assigned has been performed in a satisfactory manner.

Supervisor Signature _____ Date ____/____/____

Total Hours Worked _____ x Pay Rate \$ _____

Approval Signatures _____ **Date** ____/____/____

Account #	-	-	-	-	-	-	-
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DIP: Goal _____ PO _____ Strategy _____

2016-2017

Federal Time Sheets require more specific information due to EDGAR guidelines.

Payroll Information

2016-17

# Payroll Month	Time Sheet Periods	No. Days	Dates for Pay Days
#1	September: 8/10 – 9/16 Time sheets due 09/16/16	27	September 23, 2016
#2	October: 9/19 – 10/18 Time sheets due 10/18/15	22	October 25, 2016
#3	November: 10/19 – 11/ 15 Time sheet due 11/15/16	20	November 22, 2016
#4	December: 11/16 – 12/14 Time sheets due 12/14/16	18	December 21, 2016
#5	January: 12/15 – 1/18 Time sheets due 01/18/17	16	January 25, 2017
#6	February: 1/19 – 2/17 Time sheets due 02/17/17	22	February 24, 2017
#7	March: 2/21 – 3/10 Time sheets due 03/10/17	14	March 24, 2017
#8	April: 3/13 – 4/18 Time sheets due 04/18/17	20	April 25, 2017
#9	May: 4/19 – 5/18 Time sheets due 05/18/17	22	May 25, 2017
#9A	May: 5/19 – 5/26 Time sheets due 06/17/17	<u>6</u> 187	
#10	June: 5/19 – 6/16 Time sheets due 06/17/17	20	June 23, 2017
#11	July: 6/19 – 7/18 Time sheets due 07/18/17	21	July 25, 2017
#12	August: 7/19 – 8/18 Time sheets due 08/18/17	23	August 25, 2017

Time sheets must be in the payroll office no later than 11:00 a.m. on the day they are due.

PAYROLL DATES

Advanced	Regular
September 9, 2016	September 23, 2016
October 10, 2016	October 25, 2016
November 10, 2016	November 22, 2016
December 9, 2016	December 21, 2016
January 10, 2017	January 25, 2017
February 10, 2017	February 24, 2017
March 10, 2017	March 24, 2017
April 10, 2017	April 25, 2017
May 10, 2017	May 25, 2017
June 10, 2017	June 23, 2017
July 10, 2017	July 25, 2017
August 10, 2017	August 25, 2017

PAYROLL PROCEDURES – THINGS TO KNOW AND DO

Non-Certified Staff

True Time is the method used to determine the actual hours worked. It will keep up with overtime and dock time hours. Non-certified staff **MUST** use True Time to record their start time, lunch breaks and end time. In the event True Time is not working, each employee has the ability to log on to their profile and make adjustments to their beginning/end times. Employee supervisors have the capability to enter True Time and make adjustments for employees if necessary. **DO NOT** let it go and forget to make the adjustments in True Time to coincide with hours worked. It could affect your pay.

Understanding the District Pay Hours

Full time employees are paid for an 8 hour day, 5 days per work week for a total of 40 hours per week. Most work schedules are set at 37.5 hours per week. This allows for a 2.5 hour grace period for most employees. Overtime can only be earned **AFTER** 40 hours have been worked. In the event you are near overtime hours:

- Overtime
 - You must inform your supervisor you are reaching the 40 hour threshold.
 - Your supervisor must approve any overtime pay or activity.
 - Overtime will be paid at 1.5 times your hourly rate if you elect to be paid.
 - Overtime hours worked without supervisor approval may lead to disciplinary actions. Continual overtime hours worked without prior supervisor approval may lead to termination. Overtime hours will still be paid.
- Compensatory (Comp) Time

- Comp time will be earned at 1.5 times the hours AFTER 40 you have worked.
- The District has established policy limits on the use of Comp time.
 - Should be taken the next week if possible
 - Cannot accrue more than 60 hours in a year
 - It must be used in the year in which occurred

CLASSIFICATION OF POSITIONS

The Superintendent or designee shall determine the classification of positions or employees as "exempt" or "nonexempt" for purposes of payment of overtime in compliance with the Fair Labor Standards Act (FLSA).

EXEMPT

The District shall pay employees who are exempt from the overtime pay requirements of the FLSA on a salary basis. The salaries of these employees are intended to cover all hours worked, and the District shall not make deductions that are prohibited under the FLSA.

An employee who believes deductions have been made from his or her salary in violation of this policy should bring the matter to the District's attention, through the District's complaint policy. [See DGBA] If improper deductions are confirmed, the District will reimburse the employee and take steps to ensure future compliance with the FLSA.

NONEXEMPT

Nonexempt employees may be compensated on an hourly basis or on a salary basis. Employees who are paid on an hourly basis shall be compensated for all hours worked. Employees who are paid on a salary basis are paid for up to and including a 40-hour workweek.

A nonexempt employee shall have the approval of his or her supervisor before working overtime. An employee who works overtime without prior approval is subject to discipline but shall be compensated in accordance with the FLSA.

WORKWEEK DEFINED

For purposes of FLSA compliance, the workweek for District employees shall begin at 12:00 a.m. Saturday and end at 11:59 p.m. Friday.

COMPENSATORY TIME

At the District's option, nonexempt employees may receive compensatory time off, rather than overtime pay, for overtime work. The employee shall be informed in advance if overtime hours will accrue compensatory time rather than pay.

ACCRUAL

Compensatory time earned by nonexempt employees may not accrue beyond a maximum of 60 hours. If an employee has a balance of more than 60 hours of compensatory time, the District shall require the employee to use the compensatory time, or at the District's option, the District shall pay the employee for the compensatory time.

USE

An employee shall use compensatory time within the duty year in which it is earned. If an employee has any unused compensatory time remaining at the end of a duty year, the District shall pay the employee for the compensatory time.

Extra Duty Pay

Extra duty pay usually does not apply to non-certified staff as they are paid on an hourly basis. If non-certified staff work more than 40 hours, they are paid 1.5 times their hourly wage or in comp time.

Certified employees can earn extra duty pay for duties performed after their contract period is over or for duties that are “in addition to” their contracted or regular duties. Extra duty cannot be earned for work done during regular/contract time for work that should have been performed as part of their regular duties. Important things to remember regarding certified staff:

- Certified staff are not subject to overtime pay.
- Extra duty pay is set on a specific pay based on the duty. Depending on the situation, pay could be hourly rate, daily rate, or a set flat rate for the duty being performed.
- Supervisors must:
 - Approve extra duty time and complete an extra duty form with all the necessary information.
 - The form is to be signed by the employee and supervisor.
 - The supervisor is to assign the correct budget code and
 - Submit to the Payroll Department for payment.

All campuses and departments must use the District approved extra duty pay form. Contact the Payroll Department for a copy of the form.

Failure to submit extra duty forms to the Payroll Department may cause delay in payment of the employee. Please be sure to adhere to the time sheet submission deadlines.

CERTIFIED AND NON-CERTIFIED START AND END DATES FOR 2016-17

Position	Start Date/End Date	Employment Calendar
Accounts Payable Clerk – Business Office	7/01/2016 – 6/30/2017	226 District Support
Administrative Assistant – Federal & Student Academic Services	7/01/2016 – 6/30/2017	226 District Support
Associate Director – Student Support Services	7/01/2016 – 6/30/2017	226 Administrator
Associate Principal – PHS	7/01/2016 – 6/30/2017	226 Administrator
Assistant Director – Custodial Services	9/01/2016 – 8/31/2017	261 Maintenance & Custodial
Assistant Director – Maintenance	9/01/2016 – 8/31/2017	261 Maintenance & Custodial
Assistant Principal – Elementary & Middle School	7/28/2016 – 6/02/2017	200 Administrator
Assistant Principal – PHS	7/28/2016 – 6/13/2017	207 Administrator
Athletic Department Secretary – PHS	7/21/2016 – 6/06/2017	207 Campus Support
Athletic Trainer – PISD	8/10/2016 – 5/26/2017 +10 add'l days	187 Other Professional +10 add'l days
Attendance Clerk/Office Assistant – Elementary, Middle School, & Ash	8/12/2016 – 5/26/2017	185 Campus Support
Attendance Officer – PISD	8/15/2016 – 5/26/2017	182 Security
Band Secretary – PHS	7/20/2016 – 6/16/2017	216 Campus Support
Benefits & Leave Specialist – Human Resource Services	7/01/2016 – 6/30/2017	226 District Support
Certified Occupational Therapy Assistant – Student Support Services	8/10/2016 – 5/26/2017	187 Other Professional
Compliance Specialist – Human Resource Services	7/01/2016 – 6/30/2017	226 District Support
Computer Technician – Technology Center	7/01/2016 – 6/30/2017	226 District Support
Coordinator – Advanced Academic Services/Instructional Technology	7/21/2016 – 6/20/2017	217 Administrator
Coordinator – Instructional Services	7/01/2016 – 6/30/2017	226 Administrator
Counselor – Elementary	8/10/2016 – 5/26/2017 +5 add'l days	187 Other Professional +5 add'l days
Counselor – Middle School, PHS, & Ash	8/10/2016 – 5/26/2017 +17 add'l days	187 Other Professional +17 add'l days
Counselor – Special Populations/Career Guidance – PHS	8/10/2016 – 5/26/2017 +10 add'l days	187 Other Professional +10 add'l days
Counselor – Student Support Services	8/10/2016 – 5/26/2017 +3 add'l days	187 Other Professional +3 add'l days
Custodian	9/01/2016 – 8/31/2017	261 Maintenance & Custodial
Data Entry Clerk – Technology Center	8/15/2016 – 6/01/2017	187 District Support

Position	Start Date/End Date	Employment Calendar
Day Care Assistant – La Mesa Elementary	8/10/2016 – 5/26/2017	187 Paraprofessional
Day Care Specialist – La Mesa Elementary	8/10/2016 – 5/26/2017	187 Paraprofessional
Diagnostician – Student Support Services	8/10/2016 – 5/26/2017 +3 add'l days	187 Other Professional +3 add'l days
Director – Accountability & Assessment	7/01/2016 – 6/30/2017	226 Administrator
Director – Athletics	7/01/2016 – 6/30/2017	226 Administrator
Director – Elementary Instructional Services	7/01/2016 – 6/30/2017	226 Administrator
Director – Federal & Student Academic Services	7/01/2016 – 6/30/2017	226 Administrator
Director – Girl's Athletics	7/21/2016 – 6/20/2017	217 Administrator
Director – Maintenance & Auxiliary Services	7/01/2016 – 6/30/2017	242 Administrator
Director – Media & Communication Services	7/01/2016 – 6/30/2017	226 Administrator
Director – Secondary Instructional Services	7/01/2016 – 6/30/2017	226 Administrator
Director – Student Support Services	7/01/2016 – 6/30/2017	226 Administrator
Executive Director – Administrative Services	7/01/2016 – 6/30/2017	226 Administrator
Executive Director – Business & Financial Services	7/01/2016 – 6/30/2017	226 Administrator
Executive Director – Curriculum & Instructional Services	7/01/2016 – 6/30/2017	226 Administrator
Executive Director – Human Resource Services	7/01/2016 – 6/30/2017	226 Administrator
Executive Director – Technology & Information System Services	7/01/2016 – 6/30/2017	226 Administrator
Executive Director's Secretary	7/01/2016 – 6/30/2017	226 District Support
Financial Compliance Officer – Business Office	7/01/2016 – 6/30/2017	226 District Support
Information Systems Analyst/Skyward Support	7/01/2016 – 6/30/2017	226 Other Professional
Instructional Assistant – Campus	8/15/2016 – 5/26/2017	183 Paraprofessional
Instructional Coach – Campus	8/10/2016 – 5/26/2017	187 Other Professional
Instructional Specialist – Special Programs	7/01/2016 – 6/30/2017	226 Other Professional
Interpreter for the Hearing Impaired – Student Support Services	8/10/2016 – 5/26/2017	187 Other Professional
Librarian – PISD	8/10/2016 – 5/26/2017	187 Other Professional
Licensed Specialist in School Psychology – Student Support Services	8/10/2016 – 5/26/2017 +3 add'l days	187 Other Professional +3 add'l days
Licensed Specialist in School Psychology Intern – Student Support Services	8/10/2016 – 5/26/2017	187 Other Professional
Maintenance	9/01/2016 – 8/31/2017	261 Maintenance & Custodial

Position	Start Date/End Date	Employment Calendar
Migrant Liaison (<i>part-time position</i>) – Federal & Student Academic Services	7/01/2016 – 6/30/2017	226 District Support
Migrant NGS Data Specialist – Federal & Student Academic Services	7/01/2016 – 6/30/2017	226 District Support
Migrant Recruiter – Federal & Student Academic Services	7/01/2016 – 6/30/2017	226 District Support
Migrant Student Services Specialist – Federal & Student Academic Services	7/01/2016 – 6/30/2017	226 District Support
Network Administrator – Technology Center	7/01/2016 – 6/30/2017	226 Other Professional
NJROTC Instructor – PHS	7/01/2016 – 6/30/2017	226 Other Professional
Nurse – Campus	8/10/2016 – 5/26/2017	187 Other Professional
Nurse – Student Support Services	8/10/2016 – 5/26/2017	187 Other Professional
Payroll Clerk – Business Office	7/01/2016 – 6/30/2017	226 District Support
Payroll Specialist – Business Office	7/01/2016 – 6/30/2017	226 District Support
PEIMS Specialist – Technology Center	7/01/2016 – 6/30/2017	226 District Support
Personnel Information & Records Specialist – Human Resource Services	7/01/2016 – 6/30/2017	226 District Support
Principal – Elementary, Middle School, & Ash	7/21/2016 – 6/20/2017	217 Administrator
Principal's Secretary – Elementary, Middle School, & Ash	7/21/2016 – 6/06/2017	207 Campus Support
Principal – PHS	7/01/2016 – 6/30/2017	226 Administrator
Principal's Secretary – PHS	7/21/2016 – 6/23/2017	220 Campus Support
Purchasing Clerk – Business Office	7/01/2016 – 6/30/2017	226 District Support
Purchasing Manager – Business Office	7/01/2016 – 6/30/2017	226 District Support
Receptionist – Administration Office	7/01/2016 – 6/30/2017	226 District Support
Registrar – PHS	8/10/2016 – 5/26/2017	187 Other Professional
Registrar/Campus Technologist – Middle School	8/10/2016 – 5/26/2017 +17 add'l days	187 Other Professional +17 add'l days
School Resource Officer – PISD	8/10/2016 – 5/26/2017	187 Other Professional
Secretary to Director for Maintenance & Auxiliary Services	7/01/2016 – 6/30/2017	242 District Support
Secretary to Director for Student Support Services	7/01/2016 – 6/30/2017	226 District Support
Secretary to PHS APs	7/21/2016 – 6/23/2017	220 Campus Support
Secretary to PHS Counselors	7/21/2016 – 6/23/2017	220 Campus Support
Secretary to PHS FLC	7/21/2016 – 6/23/2017	220 Campus Support
Senior Accountant – Business Office	7/01/2016 – 6/30/2017	226 District Support
SPED Records Clerk – Student Support Services	8/01/2016 – 6/15/2017	207 District Support

Position	Start Date/End Date	Employment Calendar
Speech Language Pathologist – Student Support Services	8/10/2016 – 5/26/2017 +3 add'l days	187 Other Professional +3 add'l days
Speech Language Pathologist Assistant – Student Support Services	8/10/2016 – 5/26/2017	187 Other Professional
Speech Language Pathologist Intern – Student Support Services	8/10/2016 – 5/26/2017	187 Other Professional
Student Accounting Office Assistant – PHS	8/04/2016 – 5/31/2017	193 Campus Support
Student Accounting Office Clerk – PHS	8/04/2016 – 5/31/2017	193 Campus Support
Student Records Specialist – Technology Center	7/01/2016 – 6/30/2017	226 District Support
Superintendent	7/01/2016 – 6/30/2017	226 Administrator
Superintendent's Secretary	7/01/2016 – 6/30/2017	226 District Support
Teacher (Classroom, SPED, Elementary Advanced Services, Homebound, Tt of Hearing Impaired, Tt of Visually Impaired)	8/10/2016 – 5/26/2017	187 Teacher
Ag Science (w/out athletic coaching) – PHS & Middle School	8/10/2016 – 5/26/2017 +33 add'l days	187 Teacher +33 add'l days
Athletic Coach	8/10/2016 – 5/26/2017 +5 add'l days	187 Teacher +5 add'l days
Athletic Coach	8/10/2016 – 5/26/2017 +10 add'l days	187 Teacher +10 add'l days
Athletic Trainer Assistant – Middle School	8/10/2016 – 5/26/2017 +10 add'l days	187 Teacher +10 add'l days
Band Director – PISD/PHS	8/10/2016 – 5/26/2017 + 33 add'l days	187 Teacher +33 add'l days
Band Director Assistant – PHS & Middle School	8/10/2016 – 5/26/2017 +19 add'l days	187 Teacher +19 add'l days
Choral Director – PISD/PHS	8/10/2016 – 5/26/2017 +8 add'l days	187 Teacher +8 add'l days
CTE Career Prep – PHS	8/10/2016 – 5/26/2017 +5 add'l days	187 Teacher +5 add'l days
Department Leader – PHS	8/10/2016 – 5/26/2017 +3 add'l days	187 Teacher +3 add'l days

Position	Start Date/End Date	Employment Calendar
Department Leader (SSS) – PHS	8/10/2016 – 5/26/2017 +5 add'l days	187 Teacher +5 add'l days
CBI/VAC Pre-Employment (SSS) – PHS	8/10/2016 – 5/26/2017 +3 add'l days	187 Teacher +3 add'l days
Technologist/Instructional Materials Inventory & Distribution	7/01/2016 – 6/30/2017	226 Other Professional
Transition Specialist (part-time position) – Student Support Services	8/10/2016 – 5/26/2017	187 Other Professional

WORKER'S COMPENSATION – 1ST REPORT OF INJURY – INSURANCE



12007 Research Blvd. • Austin, Texas 78759-2439 • P.O. Box 2010 • Austin, Texas 78768-2010
Tel 512.467.3699 • 800.482.7276 • Fax 800.580.6720 • tasbrmf.org

Administered by the Texas Association of School Boards, Inc.

ADMINISTRATOR FIRST REPORT OF INJURY (FROI) CHECKLIST

For Emergencies please direct employee to nearest Emergency Room or Clinic. If possible ensure Employee leaves with the Verification of Reported WC Claim (Page 2) & the Progressive Medical/Helios Card (Page 3 & 4)

- ☐ Upon receipt of notification of FROI, login at www.tasbrmf.org and choose FROI Administration. Review submitted FROI, make corrections and file with TASB Risk Management Fund and the injured worker.
- ☐ Give or mail Employee Notice of Rights and Responsibilities [English](#), [Spanish](#), [Chinese](#), [Vietnamese](#), [Korean](#) (Links will open forms.)
- ☐ Ensure you have copies of signed Acknowledgement of Medical Alliance [English](#), [Spanish](#) (Page 5 & 6)
- ☐ If needed, give employee Medical Notice of Reported WC Claim & Progressive Medical/Helios Medication Card (Pages 2-3)
- ☐ Ensure there is a completed and signed Leave Election Form. Alert Payroll of any leave days Employee has agreed to use. In absence of a Signed Leave Election form, no leave should be deducted for time lost due to a WC Injury. Election of Leave [English](#), [Spanish](#) form. (Pages 7-9)
- ☐ If employee is losing time and/or leave time is used, file the [D6 Supplemental Report of Injury](#) immediately with TASB RMF & employee advising of the number of elected leave days used and the total amount paid.

To search for primary care physicians in your area go to [Find A Doctor](#) the provider search at the Medical Alliance website.

Important Information to Remember:

The FROI must be completed on ALL incidents reported to management (Human Resources, Benefits, principals, secretaries, supervisors, nurses, etc.). When any of these people know of an incident, a FROI must be filed and kept with the Employer for 5 years from the last day of the year in which the injury occurred.

- FROI must be filed with the TASB Risk Management Fund **within 8 days** on the following claims:
 - Employee loses more than 1 day of time due to the injury on the job
 - Injury reported is an Occupational Disease. Occupational disease means a disease arising out of and in the course of employment that causes damage or harm to the physical structure of the body, including a repetitive trauma injury. These must be filed regardless of whether there is lost time.
 - Death of an employee from a work related injury or illness

- Employee seeks medical treatment for an injury on the job
- *Please notify the TASB Risk Management Fund anytime an employee collapses while at work.*

Once the First Report of Injury is filed the following documentation is also required:

Supplemental Report of Injury: DWC-6 (Requires Member to log in at www.tasbrmf.org.)

Multi-purpose form completed when work or earnings status changes from the FROI. (Please note boxes 6-9 should be checked YES and date is Ongoing.)

- Employee elects to use available leave for waiting period and/or lost time – **File ASAP no later than the 10th calendar day** – Complete boxes 1-9; 10B; 11-14; 15; 20; 21. File weekly to show amount of leave paid for each week.
- Employee has returned to work – **Due by the 3rd calendar day** - Complete boxes 1-9; 10A; 11-15; 18
- Employee has started losing time – **Due by the 3rd calendar day** - Complete boxes 1-9; 10C; 11-14; 15 if applicable and/or 16
- Employee resigns or is terminated – **Due by the 10th calendar day** - Complete boxes 1-9; 10D; 11-14; 19
- Employee is working partial days or a different job earning different wages on restricted duty- **File at the end of each week, but no later than the 10th calendar day** – Complete boxes 1-9; 10B; 11-14; 20; 21 and Post Injury Earnings Worksheet on page 2.

Employers' Wage Statement for School Districts: DWC3-SD (Requires Member to log in at www.tasbrmf.org.)

Due within **30 days of the earliest from:**

- Employee's 8th day of disability
- Date employer is notified employee is entitled to benefits
- Date of the employee's death as a result of a compensable injury

Please note the deadlines listed above are mandated by the Statute and failure to file the FROI, Supplemental Report and Employers' Wage Statement are subject to fines up to \$25,000 per day per occurrence.

Please contact Laura Romaine, WC Claims Program Consultant,
laura.romaine@tasb.org or (800)482-7276 ext. 8402 for further assistance.



Plainview ISD

P.O. Box 1540
Plainview, Texas 79073-1540
(806) 293-6000
FAX (806) 296-4014

Verification of Employment for a Reported Workers' Compensation Injury or Illness

Employee Name _____ Date of Injury _____

Date of Birth _____ Social Security _____

Reported Work Related Injury or Illness:

Post-Accident Drug Test Requested _____

(Drug Testing is directed by only the Employer and must be billed separately and directly to the Plainview ISD.)

Plainview ISD's workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider listed at www.pswca.org.

Please submit all claim and medical billing information to:

TASB Risk Management Fund

PO Box 2010

Austin, TX 78768-2010

Phone: (800) 482-7276

Fax: (800) 580-6720

Pre-Authorization

Phone: (800) 482-7276 ext. 6654

Fax: (888) 777-8272

Supervisor Signature _____ Title _____

Phone Number _____ Date _____

Providers please submit Work Status Reports and all Job Description enquiries to

Theresa Burns, Benefits & Leave Specialist

(806) 293-6134

(806) 296-4014 fax

theressa.burns@plainview.k12.tx.us

Progressive Medical, Inc. has been chosen to manage your workers' compensation prescription plan on behalf of your insurer or employer.

Below is your First Fill® card that allows you to fill your initial workers' compensation prescriptions at your local pharmacy at no extra cost to you.

Questions?
888.908.6337

Instructions for the Company

- Fill in the ID/Auth# per the First Fill card below along with the name, date of birth and gender.
- Instruct the injured worker to take the First Fill card and their prescription to the pharmacy.
- Report the claim to the appropriate insurance company/TPA.

Note: If additional medications are required, the claims professional should contact Progressive Medical to use our Retail Drug Card program. If additional First Fill cards are needed or if you have any questions about the use of this program, please contact Progressive Medical at 888.908.MEDS and ask for the Pharmacy Services Coordinator.

Instructions for the Injured Worker

Questions?
888.908.6337

- Report your injury to the appropriate staff.
- Below is a First Fill card that will allow you to obtain the "initial" prescriptions needed upon injury with no out-of-pocket expense.
- A sample list of participating pharmacy chains that accept this First Fill card is on the back of this sheet.
- Present your First Fill card and your prescription to the pharmacist.
- This card is for a one time use to receive your medications per your company benefits. Use of this card is only for your workers' compensation injury for which this claim was made.
- If you have any questions, call Progressive Medical toll-free at 888.908.MEDS. Our Client Services Specialists are available 24-hours a day to take care of your needs.

PLEASE NOTE: IF YOUR WORKERS' COMPENSATION CLAIM IS ACCEPTED, YOU WILL RECEIVE A RETAIL DRUG CARD IN THE MAIL. PRESENT THAT CARD WHEN FILLING OTHER INJURY-RELATED PRESCRIPTIONS.


FIRST FILL® CARD	
BIN#:	Restat 600471
PCN:	7777
Company Name:	TASB
Group/Plan#:	T405
Person Code:	00 (zero, zero)
ID/Auth#:	
SSN (9 digits, no dashes) Date (6 digits, no dashes) E.g. If the SSN is 000-00-0000 and today's date is May 21, 2007, the ID/Auth# is 000000000052107.	
Injured Worker's Name:	
Date of Birth:	Gender:

888.908.MEDS

You may contact Progressive Medical for issues with your card, prior authorization or claim rejections, by calling 888.908.6337.

Pharmacist: If you experience any problems, please call 888.908.6337.

Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/ service request is in no way intended as an endorsement of the treatment/service request, nor is it intended to interfere with the provider from his or her duty to adhere to any applicable practice standards.



Cuando una persona lesionada necesita medicamentos de inmediato, la opción con la tarjeta First Fill (Surtir primero) le permite autorizar estas recetas y ayudarlo a recuperarse.

¿Preguntas?
888.908.6337

Instrucciones para la compañía

- Anote el número de identificación/autorización en la tarjeta First Fill al verso junto con el nombre, la fecha de nacimiento y el sexo.
- Indique al trabajador lesionado que lleve la tarjeta First Fill y su receta a la farmacia.
- Reporte la reclamación a la aseguradora/TPA apropiada.

Nota: Si se requiere recibir medicamentos adicionales continuamente, el profesional de reclamaciones debe ponerse en contacto con Progressive Medical para utilizar nuestro programa de Tarjeta de Medicamentos al por Menor. Si se necesitan tarjetas First Fill adicionales, o si tiene alguna pregunta sobre cómo usar este programa, llame a Progressive Medical al 888.908.MEDS y pida hablar con el Coordinador de Farmaceuta.

Instrucciones para el trabajador lesionado:

¿Preguntas?
888.908.6337

- Reporte la lesión al personal apropiado.
- En la parte inferior de este formulario aparece una tarjeta First Fill que le permitirá obtener los medicamentos "iniciales" necesarios para la lesión sin costo de su propio bolsillo.
- A continuación se encuentra una lista de muestra de las cadenas de farmacias participantes que aceptan esta tarjeta First Fill.
- Presente su tarjeta First Fill y su receta al farmacéutico.
- Esta tarjeta sólo se puede usar una vez para recibir sus medicamentos de acuerdo con los beneficios de su compañía. Utilícela únicamente para la lesión que cubre el seguro de compensación a los trabajadores para la cual se presente el reclamo.
- Si tiene alguna pregunta, llame gratis a Progressive Medical al 888.908.MEDS. Nuestros Especialistas de Servicios al Cliente están disponibles las 24 horas del día.

NOTA: SI SE ACEPTA SU RECLAMO DE SEGURO DE COMPENSACIÓN A LOS TRABAJADORES, RECIBIRÁ POR CORREO UNA TARJETA DE FARMACIA AL POR MENOR. PRESENTE ESA TARJETA AL SURTIR RECETAS SUBSECUENTES RELACIONADAS CON EL TRABAJO.

Sample Listing of Participating Pharmacies

The below is a sampling of pharmacies that honor our program:

Albertsons	Longs Drug Stores	Costco
Safeway	Giant Eagle Pharmacy	Winn Dixie Pharmacy
Meijer Pharmacy	Publix Pharmacy	CVS Pharmacy
Walgreens	Rite Aid Pharmacy	Discount Drug Mart
K-Mart	Fred Meyer	Target Pharmacy
Tops Markets	Medicine Shoppe	Wal-Mart Pharmacy

For additional pharmacies within your area call Progressive Medical's Client Services department at 888.908.6337 or visit our website at www.progressive-medical.com. Go to Workers' Compensation, Tools and Resources, Pharmacy Look-Up and enter your city, state or zip code and click on "Submit". You will see a listing of pharmacies in your area.

EMPLOYEE ACKNOWLEDGMENT OF THE ALLIANCE DIRECT CONTRACTING PROGRAM

I have received information that tells me how to get health care under my employer's workers' compensation coverage. If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go to any licensed medical professional within the United States.
3. Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
4. The Texas Association of School Boards Risk Management Fund will pay the treating doctor and other Alliance providers for all health care related to my compensable injury.
5. I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an Alliance provider without prior approval from the Fund.
6. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
7. If I want to change doctors after my first choice, I can do so within the first 60 days of starting treatment, and I can only choose from the Alliance list of providers. A third choice requires approval from my adjuster.

Signature

_____/_____/_____
Date

Printed Name

I live at: _____

Street Address

City State Zip Code

Name of Employer: Plainview ISD

Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (the Alliance)

Direct contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at www.pswca.org or call your adjuster at 800-482-7276.

To be completed by the employer only

Please indicate whether this is the:

- ☐ Initial Employee Notification
☐ Injury Notification (Date of Injury: ____/____/____)

DO NOT RETURN THIS FORM TO THE TASB RISK MANAGEMENT FUND UNLESS REQUESTED.

EMPLOYEE ACKNOWLEDGMENT OF THE ALLIANCE DIRECT CONTRACTING PROGRAM

RECONOCIMIENTO DEL EMPLEADO PARA EL PROGRAMA DE CONTRATAR DIRECTAMENTE CON MEDICOS

He recibido la informacion que explica como obtener tratamientos medicos si me lastimo en el trabajo. Si estoy lastimado en el trabajo y vivo en un área de servicio descrita en esta información, entiendo que:

1. Tengo que escoger un doctor de la lista de la Alliance (PSWCA), que son señalados para tartar.
2. Debo ir a este doctor para todo el tratamiento médico para mi lesión. Si necesito un especialista, el doctor que me trata me referirá. Si necesito tratamientos de emergencia, yo entiendo que puedo ir a cualquier profesional médico licenciado dentro de los Estados Unidos.
3. Si el doctor me refiere a un especialista, yo entiendo que necesito verificar que el doctor sea un miembro del la Alliance.
4. TASB le pagara al doctor escogido y a doctores tambien que son partidos de PSWCA.
5. Puedo ser responsable de la cuenta si recibo tratamiento medico de doctores que no son miembros de la Alliance y sin la aprobacion anterior de TASB.
6. Reportando un reclamo de lastimadura falsa o fraudulenta es un crimen que puede resultar en multas y o al encarcelamiento.
7. Si deseo cambiar doctores despues de mi primera opción, puedo hacerlo dentro 60 dias de comensar mi tratamieto. Puedo solamente escoger de la lista de doctores que estan en el Alliance. La tercer opción necesita probacion de mi ajustador antes de cabiar doctor.

Signature (Firma): _____ Date (Fecha): ____/____/____

Printed Name (Nombre en imprenta): _____

Address (Direccion de domicilio incluíndo ciudad, estado y zip): _____

Employer (Nombre de empleo): Plainview ISD

Name of Direct Contracting Program (Nombre del programa de contratar doctores directament): Political Subdivision Workers' Compensation Alliance (the Alliance)

El servicio de contratar doctores directamente en las areas de servicio, son subjetivos a cambiar. Para localizar un doctor de tratamiento en su area, visite al Internet en: www.pswca.org o llame a su ajustador al numero: 800-482-7276.

To be completed by the employer only

Please indicate whether this is the:

- ☐ Initial Employee Notification
☐ Injury Notification (Date of Injury: ____/____/____)

DO NOT RETURN THIS FORM TO THE TASB RISK MANAGEMENT FUND UNLESS REQUESTED.

Name _____ Employee number _____

Position _____ Department/Campus _____

This employee is absent from duty because of a job-related illness or injury beginning on (date of first absence attributable to illness or injury). If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

District authorized signature

Date _____

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I also understand that the district will continue to pay its contribution toward the cost of my group health insurance coverage (if applicable) as long as I am on paid leave and/or family and medical leave (FMLA). I further understand that I will be responsible for paying all health insurance premiums if I am on unpaid leave that is not FMLA leave. I choose the following option:

- ☐ I choose to use only _____ days of available paid leave at this time.
- ☐ I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
- ☐ I choose not to use any available paid leave at this time. I understand that I will not receive any regular salary payments from Plainview ISD while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will only receive workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

Employee signature

Date _____

For Claims Reporting Purposes Only:	
<p><i>For all employees:</i> Amount of leave paid to employee: \$ _____. Daily rate: \$ _____. Period of payment: from ____/____/____ through ____/____/____ for ____ days or ____ weeks</p>	<p><i>For hourly employees only:</i> Hourly rate: \$ _____. Number of hours paid: _____</p>

**FORMULARIO DE MUESTRA PARA ELEGIR LOS BENEFICIOS DE LICENCIA CON LA
COMPENSACIÓN DE LOS TRABAJADORES**

Nombre _____ **Número de empleado** _____

Posición _____ **Departamento/campus** _____

Este empleado está ausente de su trabajo debido a una enfermedad o lesión relacionada con el trabajo que comenzó en *(fecha de la primera ausencia que se atribuye a enfermedad o lesión)*. Si fuera elegible, el seguro de compensación de los trabajadores puede comenzar a pagar un porcentaje de los salarios actuales del empleado en el octavo día de ausencia del trabajo, en caso de que se requiera una licencia extendida.

Firma autorizada de distrito

Fecha

Elección del empleado:

Me ausenté del trabajo debido a una enfermedad o lesión relacionada con el trabajo. Comprendo que no soy elegible para los beneficios de ingreso semanales de compensación para trabajadores hasta que mi ausencia exceda los siete días calendario. También comprendo que el distrito continuará abonando su aporte al costo de mi cobertura de seguros médicos (si fuera aplicable) siempre que esté en licencia con goce de sueldo y/o licencia familiar o médica (FMLA).

Asimismo, comprendo que seré responsable de abonar todas las primas de seguros médicos si estoy de licencia sin goce de sueldo que no sea una licencia FMLA. Elijo la siguiente opción:

- ☐ Elijo utilizar solamente _____ días de licencia disponible con goce de sueldo en esta oportunidad.
- ☐ Elijo utilizar todas las licencias con goce de sueldo disponibles. Comprendo que no recibiré los beneficios de ingresos semanales de compensación de los trabajadores hasta que haya agotado toda mi licencia con goce de sueldo o en la medida en que la licencia con goce de sueldo no equivalga a mi sueldo previo a la enfermedad o a la lesión.
- ☐ Elijo no utilizar la licencia con goce de sueldo disponible en esta oportunidad. Comprendo que no recibiré pagos de salario regulares de Plainview ISD mientras reciba los beneficios de ingreso semanales conforme a la compensación de los trabajadores. No se deducirá la licencia con goce de sueldo disponible de mi saldo de licencia. Asimismo, comprendo que, al seleccionar esta opción, recibiré solamente los beneficios de salario de compensación de los trabajadores para las ausencias que deriven de mi enfermedad o lesión relacionada con el trabajo, a menos y hasta que comunique al distrito un cambio en mi decisión.

Firma del empleado

Fecha

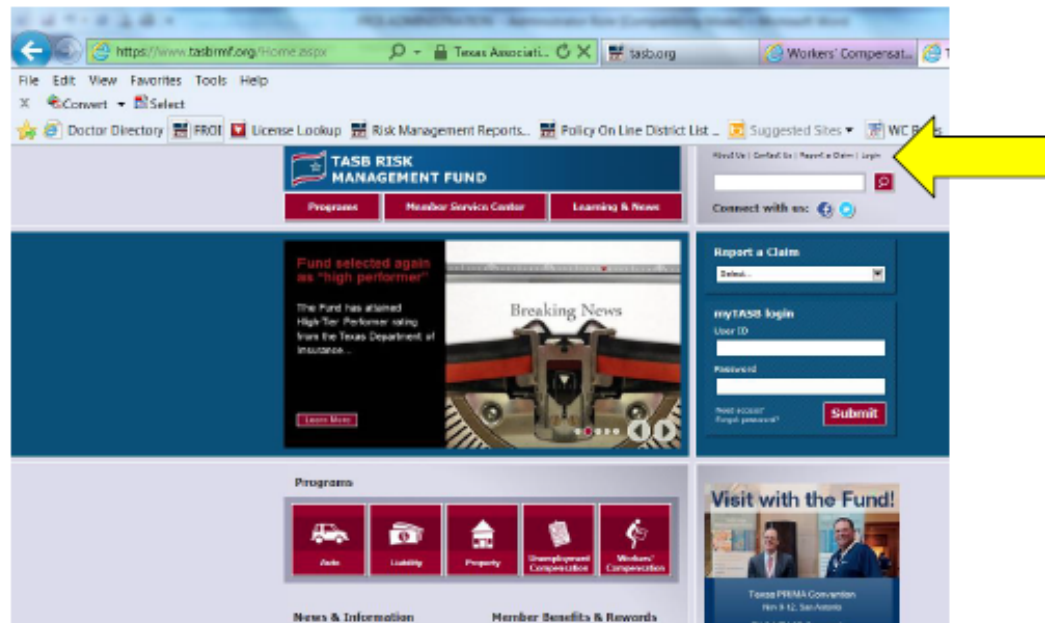
<i>Para demandas que informen solamente fines:</i>	
<i>Para todos los empleados:</i>	<i>Solamente para empleados por horas:</i>
Cantidad de licencia pagada al empleado: \$ _____	Tasa por hora: \$ _____
Tasa diaria: \$ _____	

FORMULARIO DE MUESTRA PARA ELEGIR LOS BENEFICIOS DE LICENCIA CON LA
COMPENSACIÓN DE LOS TRABAJADORES

Periodo de pago: de ____/____/____ a ____/____/____ para ____ días o ____ semanas	Cantidad de horas pagas: ____
--	-------------------------------

FROI ADMINISTRATION – Administrator Role

To input a FROI go to www.TASBRMF.org and Login:



The screenshot shows the TASB Risk Management Fund website. The top navigation bar includes links for Programs, Member Service Center, and Learning & News. A yellow arrow points to the 'myTASB login' section on the right side of the page. Below the main content area, there is a 'myTASB Login' section with a login form and a 'Forgot Password' link.

myTASB Login

Want direct access to this page?
Use the address "my.tasb.org".

This area of the TASB Web Site is available to only those who have a myTASB user ID and password.

Please login to access your myTASB resources:

User ID:

Password:

myTASB resources are generally available between the hours of 8 a.m. and midnight every day. Your password is your key to secured information. Please do not share your password with others. After 90 minutes of inactivity, you will be asked to log in again.

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If you are the FROI Administrator for your organization you should click on FROI Administration:



The screenshot shows the myTASB portal header with the TASB logo and navigation icons. Below the header, the "Your myTASB Resources" section lists several links. A yellow arrow points to the "FROI Administration" link under the "Risk Management Fund" category.

myTASB
(my.tasb.org)

Your myTASB Resources

[Check Security Questions / Passwords](#)
[Update My Information](#)

Risk Management Fund

[DWG Forms](#)
[FROI Administration](#)
[WC Claims Online](#)
[Workers' Compensation Payroll Self Audit](#)
[Workers' Compensation Resources](#)

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To input a FROI click on "Add new FROI"



The screenshot shows the TASB Risk Management Fund homepage. The "Workers' Compensation" section is active, displaying a table of employees. A yellow arrow points to the "Add new FROI" link below the table.

TASB RISK MANAGEMENT FUND

[TASB Risk Management Fund Homepage](#)

Workers' Compensation

[MyTASB](#)
[Log Off](#)

First Report of Injury or Illness

Please select the employee from the list below.

Name	Entry Date	Accident Date	Social Security	Review FROI
TEST TEST	01/30/2009	01/30/2009	123-45-6789	Review
TEST ANOTHER	01/30/2009	01/30/2009	123-45-6789	Review

[Add new FROI](#)

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Follow the instructions for Processing a FROI below.



If the FROI was input by a campus/location or department:

The Administrator will receive an email similar to this:

From: InBoxRMS@tasb.org [mailto:InBoxRMS@tasb.org]
Sent: Friday, October 16, 2009 3:23 PM
To: Administrator Email
Subject: First Report of Injury Submission

A First Report of Injury Report has been submitted. Sign-on to myTASB to review the report.

Employee Name: JIM D SMITH
 Date Prepared: 10/16/2009
 Time Prepared: 15:23:05
 Preparer's Name & Title: JUDY BAKER/SCHOOL SECRETARY
 Preparer's Phone Number: 281-555-1212

[View the FROI](#)

The Administrator can click the link and will then be asked to sign in.

The menu will resemble this one:



myTASB
(my.tasb.org)

Welcome, Laura D Romaine, to the secured area of the Texas Association of School Boards Web Site. Here are your TASB resources:

[Home](#)
[Log Off](#)

[Update My Information](#)

TASB Employees Only

- [Contract Tracking](#)
- [HyperLink](#)
- [My E-Info](#)
- [TASB Online Forms](#)
- [Teamwork](#)

TASB Member Services

- [TASB Counts](#)
- [TASB Message Board](#)
- [Texas Lone Star](#)

Legal Services

- [Guide to Superintendent Contracts](#)

Risk Management Fund

- [First Report of Injury Administration](#)
- [WC Claims Online](#)
- [Workers' Compensation Resources](#)

Convention

- [Personal Convention Scheduler](#)

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All outstanding FROI's will be listed as below:

Workers' Compensation

[TASB Risk Management Fund Homepage](#)

[MyTASB](#)
[Log Off](#)

First Report of Injury or Illness

Please select the employee from the list below.

Name	Entry Date	Accident Date	Social Security	Review FROI
TEST TEST	01/30/2009	01/30/2009	123-45-6789	Review
TEST ANOTHER	01/30/2009	01/30/2009	123-45-6789	Review

[Add new FROI](#)

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To process a claim click on the link

These will be Employee Names such as Jim Doe, Jane Smith, etc.

IMPORTANT!

If the claim remains on your FROI Administration list that means **IT IS NOT FILED WITH TASB Risk Management or the State.** You must continue and process the claim in order to file it.

Please process and remove all FROI from your list and keep it current. Thanks!

PROCESSING A FIRST REPORT OF INJURY:



[TASB Risk Management Fund Homepage](#)

[MyTASB](#)
[Log Off](#)

Workers' Compensation

First Report of Injury or Illness

[Click here to print the First Report of Injury in IA-1 Format.](#)

(Please allow popup windows from your browser. The IA-1 form will appear in a separate window.)

Asterisks denote required information for this report to be properly processed.

Click here if this is a corrected copy:

☐

Please complete the form and note what items have changed in the other information field at the bottom of the form.

EMPLOYER GENERAL INFORMATION

Employer Name: Austin ISD
Street Address Line 1: 1111 West 6th Street A307
Street Address Line 2:
City, State, Zip: Austin, TX 78703-5338

Mailing Address Line 1: 1111 West 6th St A370
Mailing Address Line 2:
City, State, Zip: Austin, TX 78703-0000

Tax ID Number: 7460000-64
Phone Number: 512-414-1700
SIC Code: 611148

Insured Report Number: REPORT

Campus Code*: ADMINISTRATION

Department Code: (if applicable) ACC COMMUNITY COLLEGE

Go over the FROI and make corrections. Once complete, if it is a Record Only and not going to be filed with TASB RMF THEN you will click here to get a PDF copy to save for your records and print a copy for your employee.

This is optional if Member has a file number for its own system.

Please confirm Campus Code is correct. You may NOT see a Department code on your form.



EMPLOYEE INFORMATION

Employee Name (Last, First, MI)*: TEST TEST

Street Address*: TEST

Street Address:

City, State, ZIP*: AUSTIN TX 78759-0000

Phone*: 512 555 1212

Date of Birth (example: xx/xx/xxxx)*: 01/01/1980

Social Security Number*: 123456789

Date Hired (example: xx/xx/xxxx)*: 01/02/2009

State of Hire: Texas

Sex*: ☐ Male ☐ Female ☒ Unknown

Marital Status*: ☐ Unmarried ☐ Married ☐ Separated ☒ Other

Occupation/Job Title*: JOB TITLE

Employment Status*: Apprenticeship Full-Time

of Dependents: 1

Please review and confirm these mandatory fields contain the correct information

Please be sure to check and input the correct Date of Hire, Birth date and Phone Number. If you see 111... it needs to be corrected.

Occupation Codes:
 010 – Professional /Clerical/Administration
 020 - Building Maintenance
 030 - Food Service
 040 - Custodial
 050 - Driver & Vehicle Maintenance
 060 - All Other
 Example – 030/Cafeteria

Standard selection is either Regular or Part Time

WAGE INFORMATION

Rate - 0.00*: 1100.00 Par*: ☐ Week ☐ Bi-Weekly ☐ Semi-Monthly ☐ Month ☐ Hour ☒ Daily

Days Worked/Week*: 5

Full Pay for Day of Injury? ☐ Yes ☒ No ☐ Did Salary Continue? ☐ Yes ☒ No

Gross Amount of Last Paycheck - 0.00: 0.00 Type of Pay: ☒ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Has employee elected to use state, sick or vacation leave in lieu of temporary income benefits? ☐ Yes ☐ No ☒ Unknown

If so, how many leave hours have they elected to use?

Please review and ensure Wage information is correct

If Employee has signed election leave advise

Record Only – No lost time, No treatment expected, No questions
 Medical Only – Currently working, no more than 3 days of lost time, no questions
 Lost Time – All others

OCCURRENCE INFORMATION

Type of Claim*: ☒ Record Only ☐ Medical Only ☐ Lost Time

Date of Injury/Illness (example: xx/xx/xxxx)*: 01/30/2009

Time Employee Began Work (example: 08:15)*: 8:15 ☒ AM ☐ PM

Time of Occurrence (example: 08:15)*: 8:30 ☒ AM ☐ PM

Last Work Date (example: xx/xx/xxxx):

Date Employer Notified (example: xx/xx/xxxx)*: 01/30/2009

Date Disability Began (example: xx/xx/xxxx):

Supervisor Name:

Supervisor Phone Number:

Complete ONLY if employee is not at work.

This is the date the secretary, principal, nurse or supervisor first new of incident.

First date of work missed due to injury. (This is not the date of injury.) Leave blank if there was no lost time.



**TASB RISK
MANAGEMENT FUND**

17

Type of Injury/Illness: _____

Part of Body Affected: _____

Cause of Injury: _____

Did injury/illness exposure occur on employer's premises? ☒ Yes ☐ No

Department or Location where accident or illness exposure occurred*: DEPARTMENT _____

All equipment, material or chemicals employee was using when accident or illness exposure occurred: _____

Specify activity the employee was engaged in when the accident or illness exposure occurred*: ACTIVITY _____

Work process the employee was engaged in when accident or illness exposure occurred: _____

How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill*: INJURY _____

Date Returned to Work (example: xx/xx/xxxx): _____

If Fatal, Give Date of Death (example: xx/xx/xxxx): _____

Were Safeguards or Safety Equipment Provided? ☒ Yes ☐ No

Were they used? ☒ Yes ☐ No

Consult the code lists below. Select the code most applicable. Cuts are lacerations, bruises are contusions.

Example: cafeteria or playground. If it did not occur on employer premises, enter address or location.

List all equipment, materials and/or chemicals employee was using, applying, handling or operating when injury occurred. Enter "NA" if none used.

Activity when accident occurred such as cooking, teaching, walking, etc.

Enter the work process such as teaching, cooking, etc. Enter "NA" if employee was not working such as walking in hallway, eating, etc.

How injury occurred – be sure to clarify body part and side of body, ex. Student bit employee on right hand between thumb and index finger.

Actual date employee returned to work. Leave blank if employee still not working. (NO FUTURE DATES.)

TREATMENT INFORMATION

Physician/Health Care Provider Name (Last, First, MI): _____

Physician/Health Care Provider Street Address: _____

Physician/Health Care Provider City, State, ZIP: _____

Hospital Name: _____

Hospital Street Address: _____

Hospital City, State, ZIP: _____

Initial Treatment*: ☒ No Medical Treatment ☐ Minor by Employer ☐ Minor Clinic/Hosp ☐ Emergency Care ☐ Hospitalized > 24 Hrs ☐ Future Major Medical/Last Time Anticipated

Enter doctor/hospital information if known. Not a mandatory field.

Mandatory

OTHER INFORMATION

Witness

(Name & Phone #):

Date Administrator Notified

(example: xx/xx/xxxx):

Date Prepared

(example: xx/xx/xxxx):

Preparer's Name & Title:

Preparer's Phone Number:

All Other Information:

Administrative e-mail address to receive confirmation:

Campus e-mail address to receive confirmation:

Please list any witnesses known.

This is the date the Campus/Location WC Contact notifies Administrator.

This area is available if more room is needed for accident description or other info.

Administrator's email address

For additional information or questions, please [e-mail us](#).

Submit FROI to TASB

Save changes only

Delete record

Submit to TASB if:

- Employee lost one or more days of time.
- Any occupational disease (carpal tunnel)
- Any question or concern
- Employee plans to seek medical treatment.

Click here if you are not yet ready to file and wish to hold.

If Record Only – be sure to go to top of page and print and save in PDF format BEFORE deleting file!!

TASB RISK
MANAGEMENT FUND



**TASB RISK
MANAGEMENT FUND**

WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS										
G E N E R A L	Employee Name ALDINE ISO			Carrier/Admission Case Number			Report Page No.			
	Street Address 14810 ALDINE WESTFIELD RD			Jurisdiction TEXAS			Jurisdiction Case Number			
	City HOUSTON			Insured Report Number						
	State TX		ZIP Code 77032-3999		Employee's Local or Address of Address			Location #		
	ACC Code 611110		Employee PEO 76-6001110					ADMIN ANNEX-HIGH TRANSPORT Phone # (281) 440-1011		
C A R R I E R	Carrier (Name, Address & Phone No.) TASB RISK MANAGEMENT FUND P.O. BOX 2019 AUSTIN, TX 78768-2019 1-800-462-7275			Policy Period		Carrier Admission (Name, Address, Phone No.) NOT APPLICABLE				
				<input type="checkbox"/> Check If Appropriate <input checked="" type="checkbox"/> Self Insurance						
	Carrier PEO 76-2889129		Policy/Self Insured Number		Admission PEO					
	Agent Name & Code Number									
E M P L O Y E E	Name (Last, First, Middle) TEST, TEST			Date of Birth 05/01/1991		Social Security No. 111-22-3333		Date Hired 06/01/2009		
	Address 1111 FIRST ST HOUSTON, TX 77777-0000			Sex MALE		Marital Status UNMARRIED		Occupation/Job Title 010/TEACHER		
								Employment Status APPRENTICESHIP FULL-TIME		
	Phone (832) 555-1212			# of Dependents 0		SIC Code				
O C C U R R E N C E	Rate 250.00		Per WEEK		# of Days Worked/Week 5		Did employee return to work status, with or without leave? UNKNOWN			
					Full Day for Day of Injury? NO		If so, how many leave hours have they elected to use?			
					Did Injury Occur? NO					
	Time Employee Injured Work 8:30 AM		Date of Injury/Event 10/01/2009		Time of Occurrence 9:00 AM		Last Work Date 10/01/2009		Date Disability Begins 10/02/2009	
	Contact Name/Phone Number JANE DOE (832) 555-1212		Type of Injury/Event SITE HUMAN		Part of Body Affected HANDS		Part of Body Affected Code 35			
I N J U R Y	Did Injury/Event exposure occur on employee's premises? YES			Type of Injury/Event Code 35			Part of Body Affected Code 35			
	Department or Location where accident or illness exposure occurred CLASSROOM			All equipment, materials, or chemicals employee was using when accident or illness exposure occurred NA						
	Describe activity the employee was engaged in when the accident or illness exposure occurred HELPING STUDENT WRITE			Work process the employee was engaged in when accident or illness exposure occurred TEACHING						
	How injury or illness/accident/injury condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill. STUDENT BIT EMPLOYEE ON RIGHT HAND BETWEEN THUMB AND INDEX FINGER.						Cause of Injury OTHER: MISCELLANEOUS			
	Date Returned to Work 10/01/2009		If Paid, Give Date of End 10/02/2009		Were Safety or Safety Equipment Provided? NO Were They Used? NO					
T R E A T M E N T	Physician/Health Care Provider (Name & Address)			Hospital (Name & Address)			Initial Treatment MINOR BY EMPLOYER			
O T H E R	Witness (Name & Phone #)									
	Date Administration Initiated 10/02/2009		Date Prepared 10/02/2009		Preparer's Name & Title LAURA ROMANE			Phone Number 8004627275		
	All other information: RAP THIS IS A TEST PLEASE DISREGARD									
	E-mail address to receive confirmation: LAURA.ROMANE@TASB.ORG									
Date/Time Printed: 11/06/2009 11:11:54										
FORM 1A-1 REVISED WITH REPRODUCTION OF THE LABEL										

Nature of Injury		
01 No Physical Injury	37 Inflammation	64 Silicosis
02 Amputation	40 Laceration	65 Respiratory Disorders (Fumes)
03 Angina Pectoris	41 Myocardial Infarction	66 Poisoning-Chemical: Not Metals
04 Burn	42 Poisoning-Not OD or Cumulative	67 Metal Poisoning
07 Concussion	43 Puncture	68 Dermatitis
10 Contusion	46 Rupture	69 Mental Disorder
13 Crushing	47 Severance	71 All Other Occupation Disease
16 Dislocation	48 Sprain	72 Loss of Hearing
19 Electric Shock	52 Strain	73 Contagious Disease
22 Enucleation	53 Syncope	74 Cancer
25 Foreign Body	54 Asphyxiation	75 Aids
28 Fracture	55 Vascular Loss	76 VDT - Related Disease
29 Not Used	58 Vision Loss	77 Mental Stress
30 Freezing	59 All Other	78 Carpal Tunnel Syndrome
31 Hearing Loss or Impairment	60 Dust Disease NOC	80 All Other Cumulative Injuries
32 Heat Prostration	61 Asbestosis	90 Multiple Inj - Physical Only
34 Hernia	62 Black Lung	91 Multiple Inj - Physical Psych
36 Infection	63 Byssinosis	

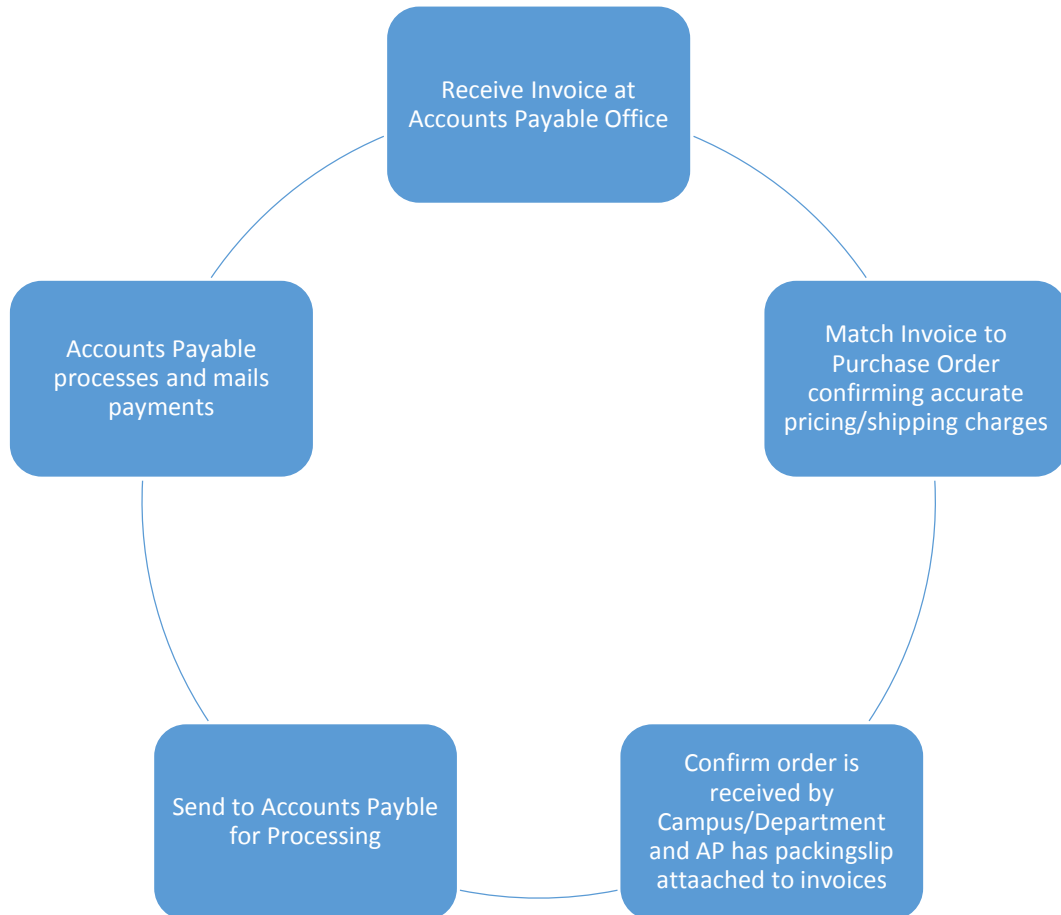
Cause of Injury		
01 Chemicals	29 Fall/Slip On Same Level	67 Strike/Step Sand, Scrape, Clean
02 Hot Objects or Substances	30 Slipped, Did Not Fall	68 Strike/Step Stationary Obj.
03 Temperature Extremes	31 Fall/Slip Miscellaneous	69 Stepping on Sharpe Object
04 Fire or Flame	32 Fall/Slip: On Ice or Snow	70 Strike/Step Miscellaneous
05 Steam or Hot Fluids	33 Fall/Slip: On Stairs	74 Struck/Injured: Fellow Worker
06 Dust, Gases, Fumes or Vapors	40 Crash of Water Vehicle	75 Struck/Injured: Falling Object
07 Welding Operations	41 Crash of Rail Vehicle	76 Struck/Injured: Tools
08 Radiation	45 Collision With Another Vehicle	77 Struck/Injured: Vehicle
09 Burn: Miscellaneous	46 Collision With Fixed Object	78 Struck/Injured: Moving Machine
10 Caught In/Between Machine(s)	47 Crash of Airplane	79 Struck/Injured: Obj. Lifted
11 Cold Objects or Substances	48 Vehicle Upset	80 Struck/Injured: Obj. HDLD. OTH
12 Caught In/Between Obj. Handled	50 Motor Vehicle Miscellaneous	81 Struck/Injured: Miscellaneous
13 Caught In/Between/Under, NOC	52 Strain/Injury: Continual Noise	82 Absorbed/Ingested/Inhaled NOC
14 Abnormal Air Pressure	53 Strain/Injury: Twisting	84 Contact With Electric Current
15 Cut/Scrapr by Broken Glass	54 Strain/Injury: Jumping	85 Animal or Insect
16 Cut/Scrape by Hand Tool	55 Strain/Injury: Hold or Carry	86 Explosion or Flame Back
17 Object Being Lifted or Handled	56 Strain/Injury: Lifting	87 Foreign Body in Eye
18 Cut/Scrape Power Tool	57 Strain/Injury: Push or Pull	89 Person in Act of a Crime
19 Cut/Scrape Miscellaneous	58 Strain/Injury: Reaching	90 Not a Physical Cause of Injury
20 Collapsing Materials	59 Strain/Injury: Using Tool/Mach	94 Rubbed/Abraded: Repetitive Motion
25 Fall/Slip From Diff. Level	60 Strain/Injury: Miscellaneous	95 Rubbed/Abraded: Miscellaneous
26 Fall/Slip From Ladder/Scaffold	61 Strain/Injury: Wield or Throw	97 Strain/Injury: Repetitive Motion
27 Fall/Slip From Grease/Liquid	65 Strike/Step Moving Parts	98 Cumulative (All Other)
28 Fall/Slip: Into Openings	66 Strike/Step Obj Lifted/Used	99 Other

Body Part Injured		
10 Multiple Head Injury	32 Elbow	51 Hip
11 Skull	33 Lower Arm	52 Upper Leg
12 Brain	34 Wrist	53 Knee
13 Ear(s)	35 Hand	54 Lower Leg
14 Eye(s)	36 Finger(s)	55 Ankle
15 Nose	37 Thumb	56 Foot
16 Teeth	38 Shoulder(s)	57 Toe(s)
17 Mouth	39 Wrist(s) and Hand(s)	58 Great Toe
18 Soft Tissue: Head	40 Multiple Trunk	60 Lungs
19 Facial Bones	41 Upper Back Area (Thoracic)	61 Abdomen including Groin
20 Multiple Neck Injury	42 Lower Back (Lumbar/Lumbo-Sacral)	62 Buttocks
21 Neck Vertebrae	43 Disc: Trunk	63 Lumbar and or Sacral Vertebra
22 Neck Disc	44 Chest, Ribs, Sternum, Soft Tissue	64 Artificial Appliance
23 Spinal Cord (Neck)	45 Sacrum and Coccyx	65 Insufficient Info to Identify
24 Larynx	46 Pelvis	66 No Physical Injury

25 Soft Tissue: Neck	47 Spinal Cord	90 Multiple Body Parts
26 Trachea	48 Internal Organs	91 Body Systems-Single and Multiple
30 Multiple Upper Extremities	49 Heart	99 Whole Body Impairment
31 Upper Arm, Clav. Scapula	50 Multiple Lower Extremities	

Accounts Payable

ACCOUNTS PAYABLE PROCESS



ACCOUNTS PAYABLE DEPARTMENT

All invoices and check questions can be directed to:

Peggy Bownds, Sr. Accountant or Daphne Alcala, Accounts Payable Clerk

AccountsPayable@plainviewisd.org 806-293-6166

ACCOUNTS PAYABLE FUNCTIONS

The function of accounts payable is an area that requires close and accurate record keeping to ensure the District does not pay for items that were not received. Extra care should be taken to ensure the balancing and checking of received items and invoices. Timely manner of processing payment of invoices is important as ALL invoices are due (to be paid) in 30 days or interest may apply.

It is a function of the Accounts Payable Department to communicate with the different campuses/departments to confirm best practices are in place within the District. Accounts Payable best practices state when a package arrives:

- Inspect the package/box for damage – if damage has occurred, contact the vendor **immediately**
- Check the packing slip against what is shipped – contact vendor for any discrepancies
- Receive the order in Skyward **immediately** and electronically attach the packing slip to the purchase order
- All invoices with purchase orders are to be entered in Skyward/Account Management by using the Receiving Process.
- Other invoices WITHOUT purchase order will be processed with a “request for check.” This is a violation of District policy as “all expenditures are to be done with a properly drawn and executed purchase order.”

CASH MANAGEMENT

-All cash and checks shall be given to the campus or department secretary on a daily basis. No post-dated checks will be accepted. Funds should not be kept in classrooms, personal wallets or purses, or at home. No funds are to be deposited in personal bank accounts with the intent to reimburse.

-Campus secretary will deposit funds into campus account.

-All campus monies are to be deposited in the bank or returned to the Business Office for deposit. After banking hours you can make arrangements to use overnight depositing at your banking institution.

-Petty Cash procedures---contact the Executive Director of Finance or the Secretary to the Executive Director of Finance on the policies and procedures of our internal controls.

TRAVEL ACCOUNTING FORMS

-The audit forms included for travel and other events are required as a paper trail for the auditors. We have to answer to auditors for all purchases and payments of every dime spent in the district each year. There are regulations and policies that must be met. The Finance Department is held accountable for all transactions.

STUDENT MEAL ACCOUNTING RECORDS

-All student/sponsor meal money requests must indicate date funds are needed for trip. A student meal accounting form will be attached to check. This form must be completed within 5 days after returning from a trip. If any money is to be returned, please enclose a check or money order for the amount with the form. Return to the Purchasing Manager. Attach all receipts to Student Meal Accounting Form.

A/P – TRAVEL PROCEDURES

-All travel advances will be processed 5 days prior to trip. Checks will be sent through school mail. If you want to pick up your check please indicate so on the request for Travel Expense Form.

-Return all receipts for Shell & Chevron gas cards; please sign the back of the receipt.

-Hotel checks will have an audit form enclosed along with State Tax Exemption Certification Form for use in Texas only.

REGISTRATIONS

-Registrations must have a registration form attached to purchase order or check request. This includes online registration forms, print a copy and attach to the request to be sent with check.

-Please keep copies of your registrations.

SALES TAX

-Sales tax will not be reimbursed. You may contact the Business Office or your campus secretary if you need a tax exempt form.

-Enclosed is a tax exempt form you may copy for school purchases.

-Hotel State Exemption Certificate is also attached for hotel stays in the State of Texas.

STUDENT TRANSPORTATION

-All student travel on First Student Services will be posted monthly to the designated account. A purchase order is required for student bus travel, to avoid overspending out of student travel budgets. If your activity fund or PTA is paying for field trips, the expense will be charged to your campus or department travel account until the district is reimbursed.

INVOICES/PACKING SPLIPS

-Please scan and attach packing slip(s) to Purchase Order in Skyward.

-All Purchase Orders will need to be received in Skyward/ Account Management by using the Receiving process (see procedures on receiving process). Please be sure you receive correctly to avoid paying for items you do not receive. Once purchase orders are received, payment will be made with a check.

COPY/FAX EXPENSE

-Copy and fax expense is posted to your account each month. Base charges for the entire year are posted in September.

-Color copies made at the Tech Center are posted monthly. A requisition must be entered into Skyward for color copies as well as computer supplies.

RECEIPTS

-Please return all receipts & invoices to Accounts Payable as soon as possible. When making purchases locally please forward the invoices received or left at the campus to the Accounting Department. (These are some examples of businesses: Walmart, United, Eaton-Craig (these may look like a packing slip)).

CHECK PROCESSING

-Checks will be printed on [Monday] and [Thursday] of each week. The [Business] Office shall determine the date that vendors will be paid; employees should not make prior commitments to vendors about check disbursements. All payments must be pre-authorized by an approved purchase order. Check requests will need to be submitted 10 days prior to date needed.

-State law requires that the LEA pay all invoices within 30 days to avoid penalty & interest charges, so all purchase orders should be received on a timely bases for payment.

DONATIONS OR GIFTS OF MONEY

Funds received for donations or gifts approved by district & local policy will be deposited into revenue account. A budget amendment will need to be submitted to the Executive Director of Finance of how funds are to be spent. After the amendment(s) are entered into Skyward, the funds will be available to enter requisitions.

FORMS

- Texas Sales & Use Tax Exemption Certificate
- Texas Hotel Occupancy Tax Exemption Certificate
- Student Meal Accounting Audit Form
- Student Trip Accounting Form for Hotel Expense
- Student Trip Accounting Form for Field Trips & Entry Fees

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency Plainview Independent School District	
Address (Street & number, P.O. Box or Route number) P O Box 1540	Phone (Area code and number) 806-296-4024
City, State, ZIP code Plainview, TX 79073-1540	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Instructional Supplies and/or Equipment and/or Repairs and/or Services

Purchaser claims this exemption for the following reason:

Government Entity (Public Schools)

State #1-75-6002248-9

Federal #75-6002248

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here <i>Rebecca Dunlap</i>	Title Purchasing Manager	Date
------------------------------------	------------------------------------	------

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

TEXAS HOTEL OCCUPANCY TAX EXEMPTION CERTIFICATE



NOTE: This certificate is for business only, not to be used for private purposes, under penalty of law. The hotel operator may request a government ID, business card or other identification to verify exemption claimed. Certificate should be furnished to the hotel or motel. DO NOT send the completed certificate to the Comptroller of Public Accounts. The certificate does not require a number to be valid. Refer to Hotel Rule 3.161 for exemptions.

Check exemption claimed:

- ☐ **United States government or Texas government official exempt from state, city, and county taxes.** Includes US government agencies and its employees traveling on official business, Texas state officials or employees who present a Hotel Tax Exemption Photo Identification Card, and diplomatic personnel of a foreign government who present a Tax Exemption Card issued by the US Department of State.
- ☒ **Religious, charitable, or educational organization or employee exempt from state tax only.** Educational organizations include school districts, private or public elementary and secondary schools, and Texas institutions of higher education as defined in Section 61.003, Texas Education Code. Beginning October 1, 2003, non-Texas institutions of higher education (public and private universities, junior colleges, community colleges) must pay the state hotel occupancy tax. Religious and charitable organizations must hold a letter of exemption issued by the Comptroller of Public Accounts to claim the exemption.
- ☐ **Other. Organization exempt by law other than Chapter 156, Tax Code.** Specify reason for exempt status below. **Supporting Documentation Required.**

Name of exempt organization Plainview ISD	Organization exempt status (Religious, charitable, educational, governmental) educational
Address of exempt organization (Street and number, city, state, ZIP code) PO Box 1540 Plainview, TX 79072	

GUEST CERTIFICATION: I declare that I am an occupant of this hotel/motel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct.

Guest name (Please print)

sign
here

Date

FOR HOTEL/MOTEL USE ONLY (OPTIONAL)

Name of hotel/motel				
Address of hotel/motel (Street and number, city, state, ZIP code)				
Room rate	Local tax	Exempt state tax	Amount paid by guest	Method of payment

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To review or correct your state tax-related information, contact the Texas State Comptroller's office.

Hotels may require verification before accepting a hotel occupancy tax exemption certificate. An organization may qualify for hotel occupancy tax exemption even when it does not have a Comptroller's letter of hotel tax exemption or cannot be found on the Comptroller's list of exempt organizations. Some examples include churches, public schools and community colleges.

You may need to pay the tax until verification of hotel tax exemption can be obtained from the Comptroller's office. You can apply to the hotel for a refund or credit.

A list of charitable, educational, religious and other organizations that are exempt from state and/or local hotel tax is online at http://window.state.tx.us/taxinfo/exempt/exempt_search.html. Other information about Texas tax exemptions, including applications, is online at <http://window.state.tx.us/taxinfo/exempt/index.html>.

You can also send an e-mail to exempt.orgs@cpa.state.tx.us or call (800) 252-1385.

**PLAINVIEW ISD
STUDENT MEAL ACCOUNTING**

Organization Requesting Funds: _____

Check Made Out To: _____ **Amount Pd: \$** _____

Date Paid: _____ **Check Number Issued:** _____

Code: _____

Procedures and Requirements:

- The district currently provides \$7.00 per student per meal.
- Funds may not be spent for any other purpose other than food or beverages for the students.
- When purchasing food or beverages for students on trips a receipt or receipts for the total spent must be submitted to the business office for audit verification.
- The organization or department must report the number of students attending the event.
- Unspent district funds must be returned in five (5) days to the business office for deposit back into the school accounts. If event is during school holidays, please return to business office on the first day back.

Please complete the following information and return to the business office within 5 days after the trip is complete. If the event is during school holidays, please return to business office on the first day back.

Number of students participating in the activity: _____

Were meals paid for sponsors? ____ Yes ____ No **If Yes, How Many Sponsors?** _____

Was the \$7.00 given to each participant to purchase their own meal? ____ Yes ____ No

Did the organization arrange and pay for the meal?

If the organization/dept. arranged and paid for the meal and beverages fill out the information below.

Total Spent: \$ _____ **Less Advance: \$** _____ **= Return: \$** _____

(Attach all receipts verifying the total amount expended. Unused funds must be returned to the business office immediately after the trip for redeposit).

Person completing the form: _____ **Date:** _____

Business Office Use Only

Date Received: _____ **Funds Returned: \$** _____

Were receipts attached to verify expenditures: ____ Yes ____ No

Total Advanced: \$ _____ **Cash Returned: \$** _____ **Verified:** _____

Receipt Total: \$ _____ **Total Expended: \$** _____ **Difference: \$** _____

Action Taken: _____

Audit Performed By: _____ **Date:** _____

**PLAINVIEW ISD
STUDENT TRIP ACCOUNTING
(Hotel Expense Form)**

Organization Requesting Funds: _____

Check Made Out To: _____ **Amount Pd: \$** _____

Date Paid: _____ **Check Number Issued:** _____
Code: _____

Procedures and Requirements:

- The organization or department must report the number of students attending the event
- Unspent district funds must be returned five (5) days to the business office for deposit back into the school accounts.

Please complete the following information and return to the business office within 5 days after the trip is complete.

Number of students participating in the activity: _____

The total cost of the hotel room(s)? _____
Number of Rooms _____ x Amount of Each Room _____

Total Spent: \$ _____ Less Advance: \$ _____ = Return: \$ _____
(Attach all receipts verifying the total amount expended. Unused funds must be returned to the business office immediately after the trip for redeposit).

Person completing the form: _____ Date: _____

Business Office Use Only

Date Received: _____ **Funds Returned: \$** _____
Were receipts attached to verify expenditures: ____ **Yes** ____ **No** ____
Total Advanced: \$ _____ **Cash Returned: \$** _____ **Verified:** _____
Receipt Total: \$ _____ **Total Expended: \$** _____ **Difference: \$** _____
Action Taken: _____

Audit Performed By: _____ **Date:** _____

**PLAINVIEW ISD
STUDENT TRIP ACCOUNTING**

Organization Requesting Funds: _____

Check Made Out To: _____ Amount Pd: \$ _____

Date Paid: _____ Check Number Issued: _____
Code: _____

Procedures and Requirements:

- The organization or department must report the number of students attending the event
- Unspent district funds must be returned five (5) days to the business office for deposit back into the school accounts.

Please complete the following information and return to the business office within 5 days after the trip is complete.

Number of students participating in the activity: _____

The total cost of the event _____ Number of Students attending _____

Total Spent: \$ _____ Less Advance: \$ _____ = Return: \$ _____
(Attach all receipts verifying the total amount expended. Unused funds must be returned to the business office immediately after the trip for redeposit).

Person completing the form: _____ Date: _____

Business Office Use Only

Date Received: _____ Funds Returned: \$ _____

Were receipts attached to verify expenditures: ☐ Yes ☐ No

Total Advanced: \$ _____ Cash Returned: \$ _____ Verified: _____

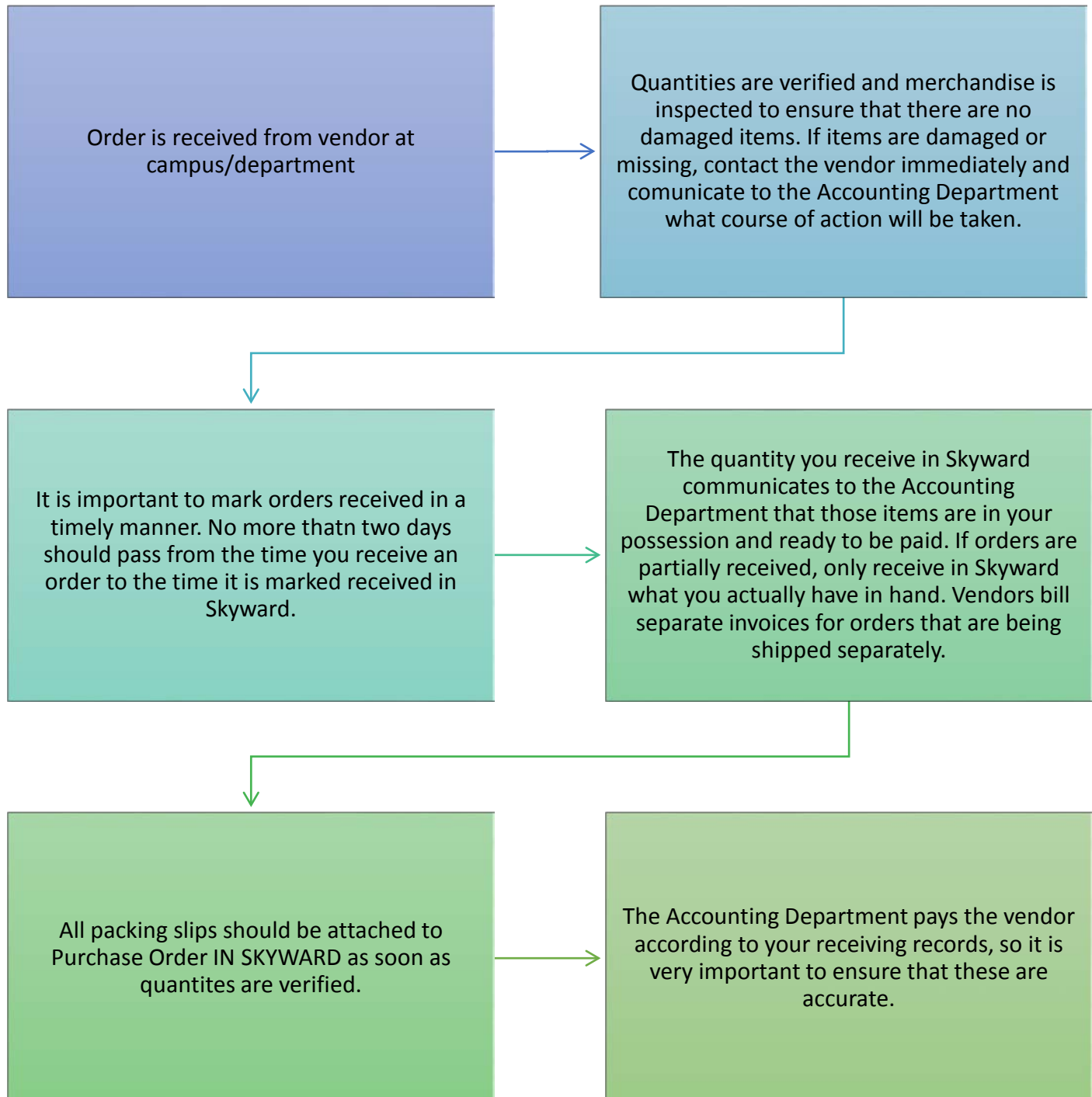
Receipt Total: \$ _____ Total Expended: \$ _____ Difference: \$ _____

Action Taken: _____

Audit Performed By: _____ Date: _____

SKYWARD RECEIPTING PROCEDURES

RECEIPTING PROCESS



PRODUCT SETUP HUMAN RESOURCES FINANCIAL MANAGEMENT EMPLOYEE ACCESS

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Skyward School District User Name: Angela Aa'connersr Wednesday, August 26th, 2009

Product Setup Account Management Vendors Purchasing Accounts Payable Accounts Receivable Fixed Assets Inventory School Based Activity Acct Custom Reports Federal/State Reporting

Product Setup REquisitions My Req Approval Hist View Purchasing Activity View My Purchase Orders E-mail POs ECommerce Ordering Power Track User Preferences PO Receiving


PO Receiving Main Screen


Click Financial Management, Purchasing, PO Receiving to access the main screen of PO Receiving.

What is PO Receiving?
PO Receiving is a module used to keep track of items received for a purchase order.

When would I use PO Receiving?
You would use PO Receiving to add, edit, or delete receiving records for PO's.

School Management System
Microsoft Windows XP / Internet Explorer 7

 Software made and supported in the U.S.A.

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Skyward School District User Name: Angela Aa'connersr Wednesday, August 26th, 2009

Home Page Purchasing PO Receiving - General

PO Receiving - General - Skyward Default

Date ▾	Time	PO Number	Catalog	Description	Quantity	Unit	Price	Vendor
08/20/2009	2:23 PM	7150000020		Science Books				
08/07/2009	4:37 PM	7150900011		basketballs	3.00			abc party store
08/07/2009	4:36 PM	7150900011		basketballs	2.00			abc party store
08/07/2009	4:31 PM	7150900009		matt				
08/06/2009	2:55 PM	0000010029		band jerseys				
08/06/2009	2:52 PM	0000010029		band jerseys				
07/31/2009	10:40 AM	0007000169		soda				
07/31/2009	10:03 AM	7150000004		Garden City				
07/22/2009	1:30 PM	0210900004		Party hats				
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH		1.00	ACE HARDWARE
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX		5.00	Aa'connersr Ang
12/09/2008	10:18 AM	0020800004		budget items			2.00	S. b. billmoria
11/13/2008	9:08 AM	4000900001		gas service	EACH		42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH		66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH		7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH		10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items			5.00	S. b. billmoria
06/06/2008	11:12 AM	0020000018		salem lights	EACH		5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH		1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH		1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH		1.00	Aa'connersr Ang
04/03/2008	7:38 PM	0020000004		snyder details			5.00	abc party store
03/31/2008	8:56 AM	1000070008		Monkey Bars	ea		1.00	G.s. enterprisesc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea		1.00	G.s. enterprisesc
03/18/2008	8:35 AM	1060780024		kelly test			1.00	abc party store
03/14/2008	10:48 AM	8016700078		tulips	EACH		5.00	Erin's Flower Sho
03/14/2008	10:48 AM	8016700078		daisys	EACH		5.00	Erin's Flower Sho

100 records displayed Date:

Click the Add button to add a receiving record.
Please refer to the Add a Receiving Record tutorial for further explanation on adding a record.

Click the Edit button to edit a receiving record.
Please refer to the Edit/Delete/Attach tutorial for further explanation on editing a record.

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Skyward School District | User Name: **Angela Aa'oconnerscr** | Wednesday, August 26th, 2009

Home Page | Purchasing | PO Receiving - General

PO Receiving - General - Skyward Default

Date ▾	Time	PO Number	Catalog	Description	Unit Desc	Quantity	Vendor
08/20/2009	2:23 PM	7150000020		Science Books			
08/07/2009	4:37 PM	7150900011		basketballs			
08/07/2009	4:36 PM	7150900011		basketballs			
08/07/2009	4:31 PM	7150900009		matt		1.00	a. m. Quality pro
08/06/2009	2:55 PM	0000010029		band jerseys	ea	2.00	Kohl's Inc
08/06/2009	2:52 PM	0000010029		band jerseys	ea	5.00	Kohl's Inc
07/31/2009	10:40 AM	0007000169		soda			
07/31/2009	10:03 AM	7150000004		Garden City			
07/22/2009	1:30 PM	0210900004		Party hats			
03/09/2009	4:33 PM	0030000052	54064	staplers			
03/09/2009	12:00 PM	0010800155		Giant yellow pencils			
12/09/2008	10:18 AM	0020800004		budget items			
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billimoria
06/06/2008	11:12 AM	0020000018		salem lights	EACH	5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang
04/03/2008	7:38 PM	0020000004		snyder details		5.00	abc party store
03/31/2008	8:56 AM	1000070008		Monkey Bars	ea	1.00	G.s.enterprisessc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea	1.00	G.s.enterprisessc
03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store
03/14/2008	10:48 AM	8016700078		tulips	EACH	5.00	Erin's Flower Sho
03/14/2008	10:48 AM	8016700078		daisys	EACH	5.00	Erin's Flower Sho

100 records displayed

Date: _____

Click the **Delete** button to delete a receiving record.
Please refer to the **Edit/Delete/Attach** tutorial for further explanation on deleting a record.

Click the **Attach** button to add an attachment to the receiving record.
Please refer to the **Edit/Delete/Attach** tutorial for further explanation on attachments.

Filter Options
Add
Edit
Delete
Attach

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Skyward S | User Name: **Angela Aa'oconnerscr** | Wednesday, August 26th, 2009

Home Page | Purchasing | PO Receiving - General

PO Receiving - General - Skyward Default

Date ▾	Time	PO Number	Catalog	Description	Unit Desc	Quantity	Vendor
08/20/2009	2:23 PM	7150000020		Science Books			
08/07/2009	4:37 PM	7150900011		basketballs			
08/07/2009	4:36 PM	7150900011		basketballs			
08/07/2009	4:31 PM	7150900009		matt			
08/06/2009	2:55 PM	0000010029		band jerseys			
08/06/2009	2:52 PM	0000010029		band jerseys	ea	5.00	Kohl's Inc
07/31/2009	10:40 AM	0007000169		soda	CASE	1.00	Jones Frederickso
07/31/2009	10:03 AM	7150000004		Garden City		1.00	A. J. Frederickso
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH	1.00	ACE HARDWARE
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX	5.00	Aa'oconnerscr Ang
12/09/2008	10:18 AM	0020800004		budget items		2.00	S. b. billimoria
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billimoria
06/06/2008	11:12 AM	0020000018		salem lights	EACH	5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang
04/03/2008	7:38 PM	0020000004		snyder details		5.00	abc party store
03/31/2008	8:56 AM	1000070008		Monkey Bars	ea	1.00	G.s.enterprisessc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea	1.00	G.s.enterprisessc
03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store
03/14/2008	10:48 AM	8016700078		tulips	EACH	5.00	Erin's Flower Sho
03/14/2008	10:48 AM	8016700078		daisys	EACH	5.00	Erin's Flower Sho

100 records displayed

Date: _____

Click the top display bar to switch the information from ascending to descending order and vice versa.

Use these three options to open a quick filter, display chart options, and export the records to Excel.

Filter Options
Add
Edit
Delete
Attach

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[🖥 Create New Window](#)
[👤 Customer Access](#)
[🔗 Help](#)

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User Name: **Angela Aa'oconnerscr**
Wednesday, August 26th, 2009

Click the + sign next to the receiving record to view related information.

Date	Time	PO Number	Catalog	Description	Unit Desc	Quantity	Vendor
08/20/2009	2:23 PM	7150000020		Science Books	EACH	15.00	John's Regional B
08/07/2009	4:37 PM	7150900011		basketballs		3.00	abc party store
08/07/2009	4:36 PM	7150900011		basketballs		2.00	abc party store
08/07/2009	4:31 PM	7150900009		matt		1.00	a. m. Quality pro
08/06/2009	2:55 PM	0000010029		band jerseys	ea	2.00	Kohl's Inc
08/06/2009	2:52 PM	0000010029		band jerseys	ea	5.00	Kohl's Inc
07/31/2009	10:40 AM	0007000169		soda	CASE	1.00	Jones Frederickso
07/31/2009	10:03 AM	7150000004		Garden City		1.00	A. J. Frederickso
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH	1.00	ACE HARDWARE
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX	5.00	Aa'oconnerscr Ang
12/09/2008	10:18 AM	0020800004		budget items		2.00	S. b. billmorla
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billmorla
06/06/2008	11:12 AM	0020000018		salet lights	EACH	5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang
04/03/2008	7:38 PM	0020000004		snyder details			store
03/31/2008	8:56 AM	1000070008		Monkey Bars			prisessc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set			prisessc
03/18/2008	8:35 AM	1060780024		kelly test			store
03/14/2008	10:48 AM	8016700078		tulips			er Sho
03/14/2008	10:48 AM	8016700078		daisys			er Sho

Enter a date to find receiving records entered on that date.
 This concludes the tutorial.

100 records displayed

Date:

PRODUCT SETUP HUMAN RESOURCES FINANCIAL MANAGEMENT EMPLOYEE ACCESS

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Skyward School District User Name: Angela Aa'oconnerscr Wednesday, August 26th, 2009

Product Setup Account Management Vendors Purchasing Accounts Payable Accounts Receivable Fixed Assets Inventory School Based Activity Acct Custom Reports Federal/State Reporting

Product Setup REquisitions My Req Approval Hist View Purchasing Activity View My Purchase Orders E-mail POs ECommerce Ordering Power Track User Preferences PO Receiving

Adding a Receiving Record from a Purchase Order

Click Financial Management, Purchasing, PO Receiving to add a receiving record from a purchase order.

When would you add a receiving record?
You would add a receiving record when you receive items from your PO.

Why would you add a receiving record?
You would add a receiving record to keep track of what has been received compared to how much was ordered.

Microsoft Windows XP / Internet Explorer 7

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Skyward School District User Name: Angela Aa'oconnerscr Wednesday, August 26th, 2009

Home Page | Purchasing | PO Receiving - General

PO Receiving - General - Skyward Default

Click the Add button to add a receiving record.

Date ▾	Time	PO Number	Catalog	Description	Unit Desc	Quantity	Vendor
08/26/2009	12:02 PM	0008900005		asdf		1.00	Vanaz engineering
08/20/2009	2:23 PM	7150000020		Science Books	EACH	15.00	John's Regional B
08/07/2009	4:37 PM	7150900011		basketballs		3.00	abc party store
08/07/2009	4:36 PM	7150900011		basketballs		2.00	abc party store
08/07/2009	4:31 PM	7150900009		matt		1.00	a. m. Quality pro
08/06/2009	2:55 PM	0000010029		band jerseys	ea	2.00	Kohl's Inc
08/06/2009	2:52 PM	0000010029		band jerseys	ea	5.00	Kohl's Inc
07/31/2009	10:40 AM	0007000169		soda	CASE	1.00	Jones Frederickso
07/31/2009	10:03 AM	7150000004		Garden City		1.00	A. J. Frederickso
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH	1.00	ACE HARDWARE
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX	5.00	Aa'oconnerscr Ang
12/09/2008	10:18 AM	0020800004		budget items		2.00	S. b. billimoria
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billimoria
06/06/2008	11:12 AM	0020000018		salem lights	EACH	5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang
04/03/2008	7:38 PM	0020000004		snyder details		5.00	abc party store
03/31/2008	8:56 AM	1000070008		Monkey Bars	ea	1.00	G.s.enterprisesc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea	1.00	G.s.enterprisesc
03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store
03/14/2008	10:48 AM	8016700078		tulips	EACH	5.00	Erin's Flower Sho

100 records displayed Date:

Back Filter Options Add Edit Delete Attach

Home Page | Purchasing | PO Receiving - General | PO Line Items

Enter PO Number: Search by PO Search by Vendor

Line Items for PO - Skyward Default

No records available

1. You first need to find the **PO** that you want to add a **receiving record** for.

You can search for PO's by **PO number**, **vendor**, or by viewing **all PO's**.

For this tutorial we will search **all PO's**.

2. To search through all PO's click **Search by PO**.

Filter Options Back

0 records displayed

javascript:if (cbs("bCancel")) {checkBack();}

Local intranet 100%

Home Page | Purchasing | PO Receiving - General | PO Line Items | PO Select By PO Number

Purchase Order Master - Skyward Default

PO Number	Status	Description	Attention
4500000001	Open	add for approval	Olive Tullussor
4500500006	Open	test req. fiscal year with add and again	
4500500007	Open	test req. fiscal year with add and again	
4500500008	Open	test req. fiscal year with add and again	
5290000001	Open	TEST: MARCH 4, 2009 - 11:02	RANDALL SMITH
7150000015	Open	dsfdsfdsfdsfds	
7150000020	Open	Text Books	
7150000021	Open	Tables for commons area	
7150900009	Open	matt	
7150900011	Batch	basketballs	

Highlight the **PO** you want to add a receiving record for and click the **Select** button.

Filter Options Select Back Show All PO's

Click the **arrows** to scroll through all PO's.

10 records displayed PO Number:

Done Local intranet 100%

Home Page | Purchasing | PO Receiving - General | PO Line Items

Enter PO Number: 7150000021

Search by: Enter the Quantity Received or.....

Line Items for PO - Skyward Default							
Line Number	Catalog	Description	UM	Qty Ordered	Prev Received	Qty Received	Qty Remaining
100		Tables	EACH	15.00	0	15	0

1 records displayed

Line Number:

Done

Local intranet

100%

Filter Options

Save

Receive All

Reset All

Qty Received to Zero

Show All Detail Items

Back

....If you received **all** of the PO Items click the **Receive All** button.

Click **Save** once you are **finished**.

Home Page | Purchasing | PO Receiving - General | PO Line Items

Enter PO Number: 7150000021

Search by PO Search by Vendor

Line Items for PO - Skyward Default							
Line Number	Catalog	Description	UM	Qty Ordered	Prev Received	Qty Received	Qty Remaining
100		Tables	EACH	15.00	0	0	15

1 records displayed

Line Number:

Done

Local intranet

100%

Filter Options

Save

Receive All

Reset All

Qty Received to Zero

Show All Detail Items

Back

Click here to **Reset** All Qty Received to Zero.

Click here to Show All **Detail** Items.

Home Page | Purchasing | PO Receiving - General | PO Line Items

Enter PO Number: Search by PO Search by Vendor

Line Items for PO - Skyward Default

Line Number	Catalog	Description	UM	Qty Ordered	Prev Received	Qty Received	Qty Remaining
100		Tables	EACH	15.00	0	15	0

1 records displayed

Line Number:

javascript:if (cbs('bSave')) {checkSave();}

Local intranet

Windows Internet Explorer

WFPUPPO - 10746 - 04.09.06.01.00 - Windows Internet Explorer

... | Purchasing | PO Receiving - General | PO Line Items | Receiving Date Override

Received Date

Received Date: Save

Received Time: PM

Review the Received Date and Time and click the Save button to save the receiving record.

Filter Options

Save

Receive All

Reset All

Qty Received to Zero

Show All Detail Items

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Skyward School District User Name: Angela Aa'oconnerscr Wednesday, August 26th, 2009

Home Page | Purchasing | PO Receiving - General Return to PaC Back

PO Receiving - General - Skyward Default

Date	Time	PO Number	Catalog	Description	Unit Desc	Quantity	Vendor
08/26/2009	1:19 PM	7150000021		Tables	EACH	15.00	a. m. Quality pro
08/26/2009	12:02 PM	0008900005		asdf		1.00	Vanaz engineering
08/20/2009	2:23 PM	7150000020		Science Books	EACH	15.00	John's Regional B
08/07/2009	4:37 PM	7150900011		basketballs		3.00	abc party store
08/07/2009	4:36 PM	7150900011				2.00	abc party store
08/07/2009	4:31 PM	7150900009				1.00	a. m. Quality pro
08/06/2009	2:55 PM	0000010029			ea	2.00	Kohl's Inc
08/06/2009	2:52 PM	0000010029			ea	5.00	Kohl's Inc
07/31/2009	10:40 AM	0007000169			CASE	1.00	Jones Frederickso
07/31/2009	10:03 AM	7150000004		Garden City		1.00	A. J. Frederickso
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH	1.00	ACE HARDWARE
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX	5.00	Aa'oconnerscr Ang
12/09/2008	10:18 AM	0020800004		budget items		2.00	S. b. billimoria
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billimoria
06/06/2008	11:12 AM	0020000018		salet lights	EACH	5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang
04/03/2008	7:38 PM	0020000004		snyder details		5.00	abc party store
03/31/2008	8:56 AM	1000070008		Monkey Bars	ea	1.00	G.s. enterprisesc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea	1.00	G.s. enterprisesc
03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store

100 records displayed

Date:

Filter Options

Add

Edit

Delete

Attach

The receiving record is now saved.

This concludes the tutorial.

PRODUCT SETUP HUMAN RESOURCES FINANCIAL MANAGEMENT EMPLOYEE ACCESS

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Skyward School District User Name: Angela Aa'oconnerscr Wednesday, August 26th, 2009

Product Setup Account Management Vendors Purchasing Accounts Payable Accounts Receivable Fixed Assets Inventory School Based Activity Acct Custom Reports Federal/State Reporting

Product Setup Requisitions My Req Approval Hist View Purchasing Activity View My Purchase Orders E-mail POs ECommerce Ordering Power Track User Preferences PO Receiving


PO Receiving - Edit, Delete, and Attach


Click Financial Management, Purchasing, PO Receiving to edit, delete, and attach a file to a PO receiving record.

When would I use edit, delete, and attach?
You would use these options whenever you need to edit or delete a receiving record and when you need to attach a file to a receiving record.

Who would use edit, delete, and attach?
The employee(s) in charge of entering and receiving PO's would normally use edit, delete, and attach.

Microsoft Windows XP / Internet Explorer 7

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Skyward School District User Name: Angela Aa'oconnerscr Wednesday, August 26th, 2009

Home Page | Purchasing | PO Receiving - General

PO Receiving - General - Skyward Default

Date ▾	Time	PO Number	Catalog	Description	Unit Desc		
08/26/2009	1:19 PM	7150000021		Tables	EACH	15.00	a. m. Quality pro
08/26/2009	12:02 PM	0008900005		asdf		1.00	Vanaz engineering
08/20/2009	2:23 PM	7150000020		Science Books	EACH	15.00	John's Regional B
08/07/2009	4:37 PM	7150900011		basketballs		3.00	abc party store
08/07/2009	4:36 PM	7150900011		basketballs		2.00	abc party store
08/07/2009	4:31 PM	7150900009		matt		1.00	a. m. Quality pro
08/06/2009	2:55 PM	0000010029		band jerseys	ea	2.00	Kohl's Inc
08/06/2009	2:52 PM	0000010029		band jerseys	ea	5.00	Kohl's Inc
07/31/2009	10:40 AM	0007000169		soda	CASE	1.00	Jones Frederickso
07/31/2009	10:03 AM	7150000004		Garden City		1.00	A. J. Frederickso
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH	1.00	ACE HARDWARE
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX	5.00	Aa'oconnerscr Ang
12/09/2008	10:18 AM	0020800004		budget items		2.00	S. b. billmoria
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billmoria
06/06/2008	11:12 AM	0020000018		saalem lights	EACH	5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang
04/03/2008	7:38 PM	0020000004		snyder details		5.00	abc party store
03/31/2008	8:56 AM	1000070008		Monkey Bars	ea	1.00	G.s. enterprisesc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea	1.00	G.s. enterprisesc
03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store

100 records displayed Date: 8/26/2009

To edit a receiving record highlight the record and click the edit button.

Back | Add | Edit | Delete | Attach

PO Detail Lines/Accounting

Requisition Master Information

Requisition Number: **0000002827**
 Group: **(715) Matt Zdroik**
 Fiscal Year: **2009 - 2010**
 Vendor: **a. m. Quality productsscr**
46 University Ave 300
WAUSAU WI 54403
 Invoice To: **(Default) Invoice To: School District**

Accounting: **Account allocation by total requisition amount.**
 Amount: **1,199.85**
 Ship To: **Skyward School District #407**
 Description: **Tables for commons area**

PO Detail Lines

Line Number: **100**
 Line Type: **Merchandise**
 Catalog:
 Quantity: **15**
 Unit of Measure: **EACH**
 Unit Cost: **79.99000**
 Total Amount: **1199.85**
 Description: **Tables**

Receiving Information

Received By: **Aa'oconnerscr, A**
 Date: **08/26/09**
 Time: **1:19 PM**
 Quantity Received: **15**
 Unit Cost: **79.99000**
 Amount Received: **1199.85**
 Total Quantity Received: **15**
 Total Amount Received: **1199.85**

You are now able to edit the Quantity Received for that PO.

Save

Back

Skyward School District

User Name: **Angela Aa'oconnerscr**

Wednesday, August 26th, 2009

Back

PO Receiving - General - Skyward Default								Filter Options
Date ▾	Time	PO Number	Catalog	Description	Unit Desc	Quantity	Vendor	
08/26/2009	1:19 PM	7150000021		Tables	EACH	15.00	a. m. Quality pro	+
08/26/2009	12:02 PM	0008900005		asdf		1.00	Vanaz engineering	+
08/20/2009	2:23 PM	7150000020		Science Books	EACH	15.00	John's Regional B	+
08/07/2009	4:37 PM	7150900011		basketballs		2.00	abc party store	+
08/07/2009	4:36 PM	7150900011		basketballs				+
08/07/2009	4:31 PM	7150900009		matt				+
08/06/2009	2:55 PM	0000010029		band jerseys	ea			+
08/06/2009	2:52 PM	0000010029		band jerseys	ea			+
07/31/2009	10:40 AM	0007000169		soda	CASE	1.00	Jones Frederickso	+
07/31/2009	10:03 AM	7150000004		Garden City		1.00	A. J. Frederickso	+
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE	+
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH	1.00	ACE HARDWARE	+
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX	5.00	Aa'oconnerscr Ang	+
12/09/2008	10:18 AM	0020800004		budget items		2.00	S. b. billimoria	+
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt	+
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt	+
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store	+
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store	+
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billimoria	+
06/06/2008	11:12 AM	0020000018		salem lights	EACH	5.00	Cooper Aaa	+
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O	+
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O	+
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang	+
04/03/2008	7:38 PM	0020000004		snyder details		5.00	abc party store	+
03/31/2008	8:56 AM	1000070008		Monkey Bars	ea	1.00	G.s.enterprisessc	+
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea	1.00	G.s.enterprisessc	+
03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store	+

To delete a receiving record highlight the record and click the delete button.

100 records displayed

Date:

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Skyward School District | User Name: **Angela Aa'oconnerscr** | Wednesday, August 26th, 2009

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PO Receiving - General - Skyward Default

Date ▼	Time	PO Number	Catalog	Description	Unit Desc	Quantity	Vendor
08/26/2009	1:19 PM	7150000021		Tables	EACH	15.00	a. m. Quality pro
08/26/2009	12:02 PM	0008900005		asdf		1.00	Vanaz engineering
08/20/2009	2:23 PM	7150000020		Science Books	EACH	15.00	John's Regional B
08/07/2009	4:37 PM	7150900011		basketballs		3.00	abc party store
08/07/2009	4:36 PM	7150900011		basketballs		2.00	abc party store
08/07/2009	4:31 PM	7150900009		matt		1.00	a. m. Quality pro
08/06/2009	2:55 PM	0000010029		band jerseys	ea	2.00	Kohl's Inc
08/06/2009	2:52 PM	0000010029		band jerseys	ea	5.00	Kohl's Inc
07/31/2009	10:40 AM	0007000169		soda	CASE	1.00	Jones Frederickso
07/31/2009	10:03 AM	7150000004		Garden City		1.00	A. J. Frederickso
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE
03/09/2009	4:33 PM	0030000052		staplers	EACH	1.00	ACE HARDWARE
03/09/2009	12:00 PM	0010800155		Giant yellow pencils	BOX	5.00	Aa'oconnerscr Ang
12/09/2008	10:18 AM	0020800004		budget items		2.00	S. b. billimoria
11/13/2008	9:08 AM	4000900001		gas service	EACH	42.00	G.s. computel pvt
11/13/2008	9:00 AM	4000900001		gas service	EACH	66.00	G.s. computel pvt
11/04/2008	1:38 PM	0012000005		test	EACH	7.00	abc party store
11/04/2008	1:28 PM	0012000004		test	EACH	10.00	abc party store
11/04/2008	1:18 PM	0020800004		budget items		5.00	S. b. billimoria
06/06/2008	11:12 AM	0020000018		salem lights	EACH	5.00	Cooper Aaa
04/23/2008	11:35 AM	0000010002		string cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:35 AM	0000010002		Colby Cheese	EACH	1.00	CHEESE PRODUCTS O
04/23/2008	11:25 AM	0000000055		misc	EACH	1.00	Aa'oconnerscr Ang
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03/31/2008	8:56 AM	1000070008		Monkey Bars	ea	1.00	G.s. enterprisessc
03/31/2008	8:56 AM	1000070008		Jungle World 20 activity play set	ea	1.00	G.s. enterprisessc
03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store

100 records displayed | Date:

You will be asked again if you wish to delete the receiving record.

Message from webpage
 Are you sure you wish to delete this record (08/26/2009 1:19 PM)?

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Skyward School District | User Name: **Angela Aa'oconnerscr** | Wednesday, August 26th, 2009

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PO Receiving - General - Skyward Default

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08/26/2009	1:19 PM	7150000021		Tables	EACH	15.00	a. m. Quality pro
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08/06/2009	2:55 PM	0000010029		band jerseys			
08/06/2009	2:52 PM	0000010029		band jerseys			
07/31/2009	10:40 AM	0007000169		soda			
07/31/2009	10:03 AM	7150000004		Garden City			
07/22/2009	1:30 PM	0210900004		Party hats	BOX	1.00	ACE HARDWARE
03/09/2009	4:33 PM	0030000052	54064	staplers	EACH	1.00	ACE HARDWARE
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03/18/2008	8:35 AM	1060780024		kelly test		1.00	abc party store

100 records displayed | Date:

To add an attachment to a receiving record highlight the record and click the attach button.

★ Favorites ▾ | 📄 Notes | ⚙ Preferences | 🖥 Create New Window | 🌐 Customer Access | ? Help | **We value your feedback** | **Due**

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PO Receiving - General - Skyward Default

🌐 WFPUREVAT - 10734 - 04.09.06.01.00 - Windows Internet Explorer

🏠 Home Page | Purchasing | PO Receiving - General | PO Number Attachments ?

Available PO Number Attachments for PO Number 7150000021

Type ▲	Description	Entered By	Entered Date	Entered Time	File Size	
No records available						

0 records displayed

Waiting for http://broker4:90/scripts10/cgiip.exe/WService=11300web/fattmview001.w?MenuIDOverride=

Local intranet | 🔍 | 100%

+	03/31/2008	8:56 AM	1000070008	Jungle World 20 activity play set	ea	1.00	G.s.enterprisessc
+	03/18/2008	8:35 AM	1060780024	kelly test		1.00	abc party store

100 records displayed

Date:

To add a file to the receiving record click the Add File button.

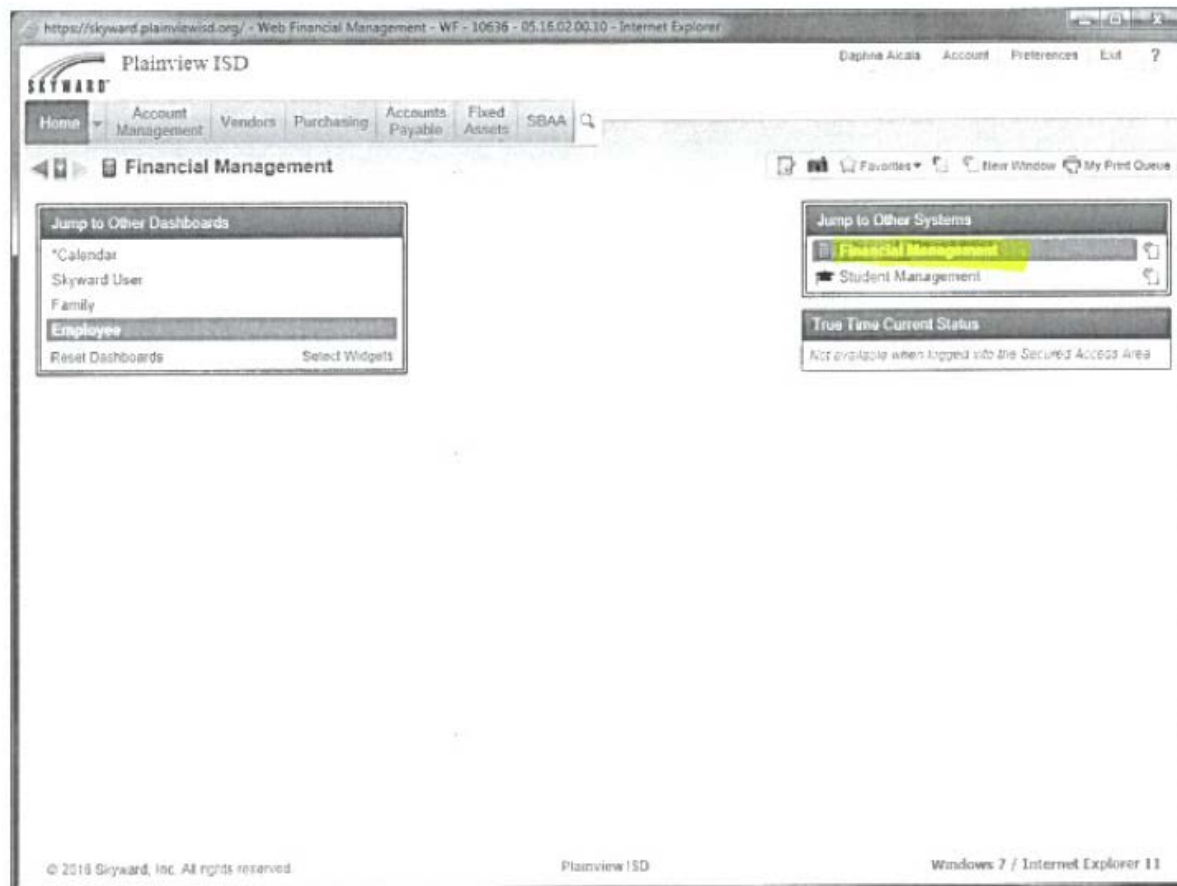
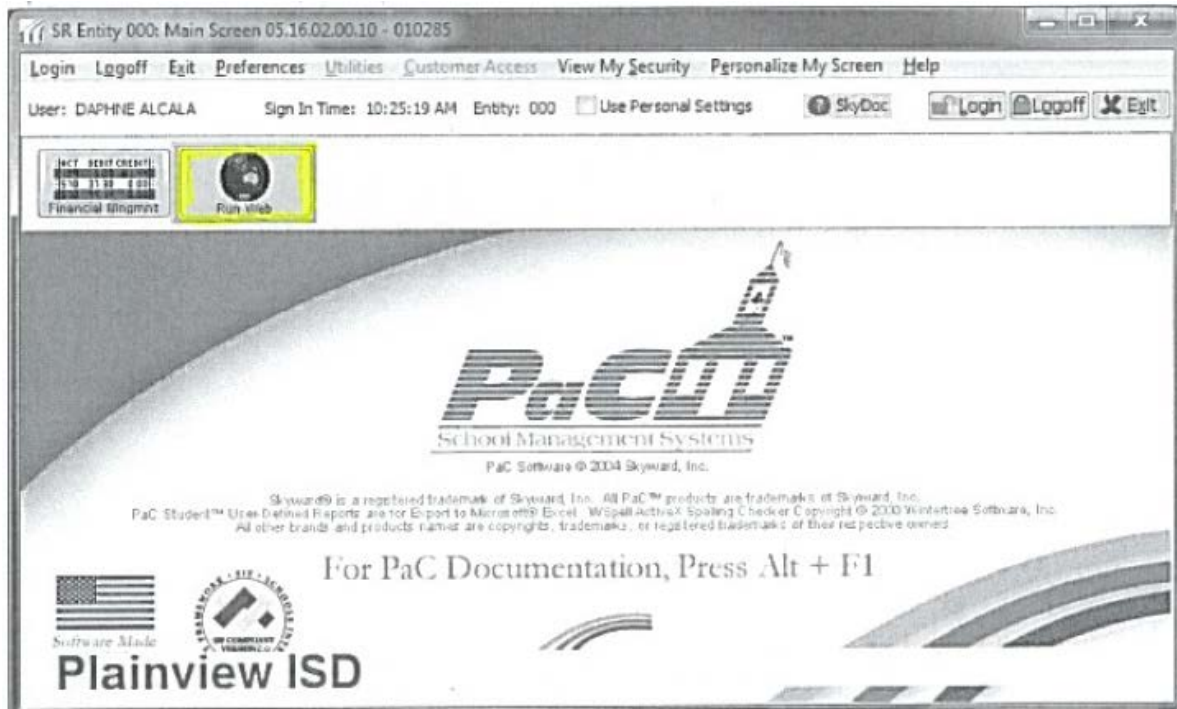
To add a link to the receiving record click the Add Link button.

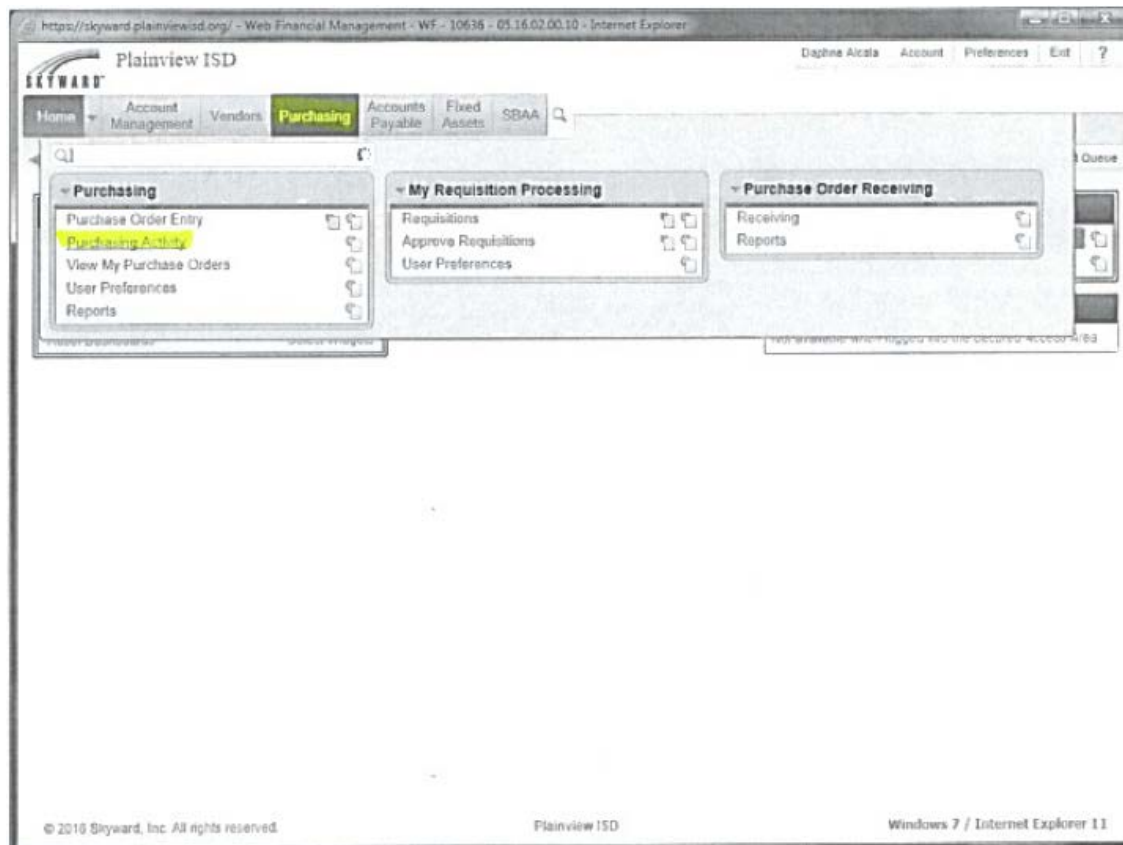
Please refer to the **Filing Cabinet** tutorial for further explanation on adding a file or link to a record.

This concludes the tutorial.

Add File
Add Link
Back

How to Attach a Packing Slip





Plainview ISD

Home Account Management Vendors **Purchasing** Accounts Payable Fixed Assets SBAA

Purchasing Activity

Views: Req. Group: 000 - BUSINESS OFFICE Filters: Current Fiscal Year: Close

PO Number	Status	Batch Number	Description	Vendor Name	Vnd St	Amount	Entered By	Notes
0000002273	APPO	21	SBAA CHECK STOCK (EN)	NEICO	MI	179.95	CRAWFORD, BEVER	Print
0000002272	APPO	21	COPY PAPER-DISTRICT INV	CONTRACT PAPER GROUP, INC...	OH	39,732.00	CRAWFORD, BEVER	
0000002270	APPO	67	COPY PAPER (BO)	PLAINVIEW ISD OPERATIONS	TX	238.70	CRAWFORD, BEVER	
0000002269	HIS	06	COPY PAPER (ARAMARK)	PLAINVIEW ISD OPERATIONS	TX	95.48	CRAWFORD, BEVER	
0000002268	HIS	31	SUPPLIES (B.O.)	UNITED SUPERMARKETS, LLC	TX	50.00	CRAWFORD, BEVER	
0000002267	HIS	17	SUPPLIES (BO)	BAKER OFFICE PRODUCTS	TX	30.27	CRAWFORD, BEVER	
0000002266	APPO	17	REGISTRATION-RAMIREZ, LOPEZ, GONZALEZ, JAURRIETA, NEWSOME, MORENO, ELLENA, RANGEL, WAKEFIELD, GONZALEZ, SEPEDA, RUBIO (7/19-21)	EDUCATION SERVICE CENTER/	TX	300.00	CRAWFORD, BEVER	
0000002265	APPO	12	DRINKS (B.O.)	UNITED SUPERMARKETS, LLC	TX	150.00	CRAWFORD, BEVER	
0000002263	HIS	13	REGISTRATION-GARCIA	ACET	TX	395.00	DUNLAP, REBECCA	
0000002262	HIS	11	SUPPLIES (B.O.)	THE RIEGLE PRESS, INC.	MI	64.80	CRAWFORD, BEVER	
0000002261	HIS	06	COLOR CLICKS MAR 2015	XEROX CAPITAL SERVICES, L...	TX	1,872.81	DUNLAP, REBECCA	
0000002260	HIS	31	DRINKS (B.O.)	UNITED SUPERMARKETS, LLC	TX	150.00	CRAWFORD, BEVER	
0000002259	HIS	30	SUPPLIES ACTIVITY FUND CHECKS	FORMS PROFESSIONAL INC.	TX	198.50	CRAWFORD, BEVER	
0000002258	HIS	29	WEBINAR-VAQUERA (3/29, 4/13, 5/4)	TASBO	TX	250.00	CRAWFORD, BEVER	
0000002257	HIS	21	COLOR CLICKS-FEB 2015	XEROX CAPITAL SERVICES, L...	TX	3,021.77	DUNLAP, REBECCA	
0000002256	HIS	11	NEWSPAPER AD (RFP CHARTER BUS SERVICE) 3/16-23	HEARST MEDIA SERVICES	AZ	138.00	CRAWFORD, BEVER	
0000002254	HIS	24	COPY PAPER (ARAMARK)	PLAINVIEW ISD OPERATIONS	TX	95.48	CRAWFORD, BEVER	
0000002253	HIS	22	SUPPLIES (B.O.)	QUILL CORPORATION	PA	87.48	CRAWFORD, BEVER	
0000002252	HIS	22	SUPPLIES (B.O.)	OFFICE DEPOT	IL	139.16	CRAWFORD, BEVER	
0000002251	HIS	17	COPY PAPER (B.O.)	PLAINVIEW ISD OPERATIONS	TX	150.00	CRAWFORD, BEVER	

100 76 records displayed PO Number:

https://skyward.plainviewisd.org/7MenuIDOverride=11699&isPopup=true - Attachments - WF\PU\VA\AT - Internet Explorer

Attachments

Purchase Order Attachments

Available Attachments for PO Number 0000002273

Type	Description	Entered By	Entered Date	Entered Time	File Size
Attachments	QUOTE	BEVERLY DIANE CRAWFORD	06/21/2016	4:46 PM	491 KB

1 records displayed

javascript:if (cbs['bAdd']) {openNewWindow('fattmview003.w', 900, 325, 1, 'add');}

100%

https://skyward.plainviewisd.org/7isPopup=true - Purchase Order Attachments - WF\PU\VA\AT - 116 - Internet Explorer

Purchase Order Attachments

Add Purchase Order Attachment for PO Number 0000002273

* Type:

Entered Date: 06/29/2016

Entered Time: 4:35 PM

Entered By: DAPHNE L ALCALA

* Description:

* Attached File:

☐ Email to Vendor with Purchase Order

Asterisk (*) denotes a required field

100%

https://skyward.plainviewisd.org/TisPopups=true - Purchase Order Attachments - WF.PU.VAVAT - 116 - Internet Explorer

Purchase Order Attachments

Add Purchase Order Attachment for PO Number 0000002273

* Type: Attachments PO

Entered Date: 06/29/2016

Entered Time: 4:35 PM

Entered By: DAPHNE L. ALCALA

* Description: PACKING SLIP

* Attached File: Browse...

☐ Email to Vendor with Purchase Order

Asterisk (*) denotes a required field

Save Back

100%

Save to desktop

BILL TO ADDRESS

When a vendor's order form is used, the BILL TO ADDRESS should always be Plainview ISD Accounts Payable, P.O. Box 1540 and not the name of the teacher or your campus. The name of teacher or campus can be referenced in the SOLD TO portion of order form.

INVOICES

ALL invoices should be forwarded to the accounting department immediately. Sometimes invoices are included with the packing slip on the package itself, if this occurs please forward to Daphne Alcala.

OPEN P.O. REPORT

OPEN P.O. REPORT PROCESS



Student Activity Fund

FUND TYPES

Did you know? All funds, with the exception of hospitality funds, that are deposited into the school activity fund account immediately become public funds.

Principal or Campus Funds 461- : Funds which are raised by the campus through general fundraisers, sales of supplies, vending machine sales, etc. and which are not designated for a particular purpose. These funds are to be used in ways that support the campus and for the general well-being of the students on the campus. These funds are controlled by the Principal.

Fiduciary or Designated Funds 865- : Funds which are raised or donated for a particular purpose. The principal is required to see that these funds are safeguarded and spent only on the purpose stated unless otherwise released by the group donating or raising the funds. This release must be given in writing. Avoid putting funds in these accounts unless they are true student activity funds.

Did you know? It is a violation of the State Constitution to give any gift with public funds and is NOT allowed. As a matter of fact, it is very much against the law to do that. Bottom Line: You cannot give gifts with public funds.

Hospitality or Private Funds: Funds which are raised by the staff for their use. These are considered private funds and are fiduciary in nature. The principal is charged with the safe keeping of these funds and should dispense them as requested by the staff. Potential uses of these funds might include gifts, flowers, and coffee for staff, meals, and any other legal disbursement of the funds as requested by the staff. These funds should remain separate from all other funds. You cannot transfer campus activity funds into a hospitality account, but hospitality can donate to campus activity.

SO WHAT CAN YOU SPEND ALL OF THAT MONEY ON?

-Campus Funds:

- Pretty much anything to help the students and staff.
 - Supplies, travel, food, instructional materials, equipment or supplies for the campus.
 - It should go to benefit the students in some way.
 - You can spend money on the staff for food, morale, etc., but don't go overboard (lavish Christmas parties in Lubbock, etc.).
 - *** YOU CANNOT GIVE ANY GIFT WITH PUBLIC FUNDS!!!! ***
- Student Funds:
 - The students call the shots on these funds
 - Funds must be spent as the students direct and for the purpose they were raised

REVENUES, CASH AND RECEIPTING

Did you know? As per Administrative Rules and Regulations, campuses are not allowed to keep more than \$100.00 on the campus at any time.

Did you know? District staff are personally liable for the loss of any cash, funds or district assets left in their care.

Cash or Received Funds:

Immediately count any cash or receipts turned into the office. You must have a second person on hand to verify the count, and both must sign the tabulation sheet.

A cash receipt will be issued immediately after the count. This should be done on a pre-numbered form.

Cash receipt should be filled out with ink then prepared on the computer and should contain the following information:

- The name of the person or organization presenting the funds
- The purpose of the cash or what the cash is to be used for
- The account to where the cash is to be deposited
- Large fundraiser amounts should have a tabulation sheet attached that shows who submitted the cash, when it was submitted, what the purpose was for and how much was collected.
- The cash should be deposited immediately into the campus bank account and should be placed in a secure location until that happens. In no instance will the cash be left at the campus overnight. The person who has receipted the cash is personally responsible for the safeguarding of the cash.
- Once the cash is received it must be posted to the correct account. Note that fiduciary funds or designated funds must be accounted for separately and not comingled with the principal funds or hospitality fund accounts.

DID YOU KNOW? You cannot accept money from booster clubs or put it in your activity fund account for temporary safe keeping. Once these monies have been placed in your account they become public funds and no longer belong to the booster club.

DID YOU KNOW? If you or any school employee accepts temporary control of booster club money and it is stolen, lost or misplaced that you are personally liable for those funds.

REMEMBER: The handling of cash is a serious responsibility. Parents, students, auditors and the board could want verification at any time on how the cash was handled, what it was used for and if it all got to where it was supposed to go. Be very careful when handling cash because once you take possession of it, it becomes your responsibility and liability.

SO THE CHECK BOUNCED, WHAT DO YOU DO?

- The principal of the campus is responsible to make every effort to collect monies owed the District. Do not let this slide and do not fail to take action to try and collect these public funds owed to the district.
- Check with the bank to see if there are sufficient funds in the account to cash the check. If so, then go to the bank and collect the money. Note: Most banks will only let you re-submit the check one time so make sure the money is there. If there are available funds then go immediately to the bank if possible to collect the funds. If you send it through the mail you run the risk of the funds being gone before your check is processed.
- Contact the person who issued the check and see if they can bring in cash or a money order to pay for the check. DO NOT accept another check.
- If they don't respond or come in then issue them a letter from the principal asking them to come in and settle the matter.
- If they don't respond to the first letter send them a second letter. In this letter let them know that if they don't settle the matter it might have to be turned over for collection.
- If they don't respond to the second letter then issue a third letter giving them a set amount of time to come in and settle the matter or that you will be forced to turn over the collection over to the District Attorney.
- If they don't respond to the third letter then send them a certified return receipt letter letting them know that the matter has been turned over to the District Attorney for collection.
- Turn the hot check into the District Attorney for collection. Once this happens they cannot come and pay you but must go through the District Attorney.

NOTE: The District Business Office has copies of collection letters available that you can modify to use on your campus.

Did you know? You must keep track of any insufficient fund checks and book them into your accounting software in order to keep your books in balance.

DISBURSEMENT OF FUNDS

Did you know? You are handling public funds and as such any disbursement of funds must be done in accordance with all State laws as well as District policies, rules, and procedures.

THE DO'S AND DON'TS OF SPENDING YOUR SCHOOL ACTIVITY FUND MONEY

DO'S

- A P.O. must be entered for purchases.
- A disbursement voucher or request for payment must be filled out and it should show who is getting paid, how much and why. It should also indicate which account the funds are to be drawn on.
- The principal must approve the disbursement before the check is written.
- An invoice or original receipt must be presented and attached to the disbursement voucher. Remember per district policy, we cannot reimburse or pay anyone without a receipt.
- Process the check and make sure it comes out of the correct account.
- No checks written from Revenue accounts!
- The disbursement voucher or invoice should be stamped paid and the check number and date paid should be indicated on the receipt. This should be filed and kept safe for audit purposes.
 - Did you know? You cannot reimburse an employee or pay a vendor for the state sales tax. You should provide vendors with a sales tax exemption form. The State does not allow school districts, which are part of the State and funded with State monies to pay State sales taxes. If a vendor refuses to accept a sales tax exemption form please notify the business office.

DON'Ts

- The principal or anyone on the signature card for the account should never be paid or reimbursed from this account. The only exception to this is if the Business Director gives permission for the payment and is one who signs the check.
- Secretaries or those who have access to the accounts or can prepare checks on the account should only issue checks to themselves if absolutely necessary. There must be a specific cash disbursement signed by the principal for this to happen, the principal must sign the check and an appropriate receipt must be attached.
 - Did you know? The Executive Director of Business & Finances of the district must also be listed on the signature card for all activity funds.
- NEVER, NEVER, NEVER write a blank check or issue a check with a signature that does not have all of the information completed on the check such as vendor, the amount, the date and the purpose of the disbursement.
- NEVER issue a check without the approval of the principal
- NEVER reimburse a staff member or issue a check without a receipt.
 - Did you know? Since these are public funds all purchase must be made to approve vendors who are on our approved vendor list or who are on one of our purchasing co-op lists. If the District can't purchase from a vendor then the school activity fund cannot purchase from that vendor either unless it is through a bid.
 - Did you know? If you pay for services from your activity fund and they exceed \$600 in a calendar year that you must send that vendor a 1099.

NOTE: See attachment on Suggested Procedures and Changes-Disbursements prepared in response to the Activity Fund Audit on 4-30-2008. These suggestions have been adopted for the District and are applicable to all campus activity funds at this time.

NOTE: While the receipting of cash is a very big responsibility it is closely followed by the disbursement of those funds. Students, parents, campus staff, people who purchase fundraiser items, companies who donate funds to the campuses may all want to know how these funds are being spent. All funds must be spent appropriately and as per State law and District policies. If you fail to do this then you put yourself and your principal at risk. Anytime you are handling the public's money you must be very careful how you handle it.

BANK STATEMENT RECONCILIATION

- Bank statements must be reconciled monthly.
- Statements should be reconciled by the 15th of the following month.
- Any errors noted on the statement either by the District or the Bank must be immediately corrected.
- The campus secretary must monitor the open check register for any issued check that hasn't been cleared through the bank. You should take steps to contact the vendor on any check that has been open for at least 6 months and have them deposit the check or try to find out what happened to the check. If it has been lost you should do the following.
 - Issue a stop payment at the bank
 - Once the stop payment has been verified then void the original check and reissue
 - Contact the vendor and make sure they know the check has been reissued and have them cash the check immediately
 - If lost checks are not claimed within 12 months, the outstanding check should be voided.

Did you know? Your campus activity fund accounts should be located at the same bank as where the District has their depository contract. (Note: There are some exceptions to this so contact the Executive Director of Business & Financial Services for information on this.) If your campus account is held by the District Depository Bank your account has all of the same privileges as does the District accounts. For the most part this means no banking fees will be charged to the account for bounced checks, stop payments, etc. In some cases the bank will also supply items such as deposit slips, bank bags, and other items free of charge.

- A copy of the bank reconciliation, along with all applicable reports must be sent to the Business Office for review. These reports should be submitted no later than the 15th of the following month.

FUNDRAISERS AND SALES TAX REPORTS

- You must prepare and submit to the Business Office a sales tax report each quarter.

- Items and goods you sell at your campus must pay a state sales tax unless they are exempt from that tax.
- What is exempt?
 - Food that can be eaten in its natural state (fruit, etc.) If you have to prepare it, such as selling a baked potato then you have to tax it.
 - Money raised during a tax free fundraiser
- What is a tax free fundraiser? A campus can have up to 2 tax free fundraisers per calendar year, but they must meet all of the rules and regulations for this. The big thing is that for it to qualify as a tax free fundraiser it all must happen within 24 hours. You have to sell, deliver and collect the money within 24 hours. If it takes longer than that then you have to charge sales tax. Pre-orders and pre-payments can be made, but must be delivered on same day received. Any sales after delivery date will be taxable.

Did you know? A campus is supposed to submit requests for all fundraisers to the Executive Director of Administrative Services and get his permission before starting the fundraisers.

Did you know? A public school, which includes the campuses, by law cannot raise funds through a raffle or any type of game of chance.

DONATIONS

- Donations are a very nice way to obtain funds for your campus and many businesses and organizations in town from the PTA on will provide funds to campuses during the year.
- Donations under \$1,000 can be approved by Principal. \$1,000 - \$5,000 must be approved by Executive Director of Administrative Services.
- Donations over \$5,000 must be presented to the Board of Trustees for their approval before they are accepted or used.
- Be careful about any donation that is given to the campus and designated for a particular purpose or project. For example, if the PTA gives funds to buy new computers for the campus you cannot accept those funds and use it to send students on a field trip. These funds that come with stipulations are considered designated or fiduciary funds and must be placed in a separate account and spent according to the wishes of the donating agency.

Did you know? Some campuses have gone into the hole on their activity fund balances when they use designated funds to come up with a positive fund balance when their main operating account is in the hole. You cannot use designated funds to keep your general fund balance solvent as these funds are fiduciary and can only be spent for the purpose intended. Be very careful about this.

SOME ADDITIONAL THOUGHTS AND SUGGESTIONS

- ❖ Set up a good system at your campus for handling fundraisers, cash, checks and other revenue.
- ❖ Train your teachers and the rest of the staff on how to hold fundraisers, what the procedures are for handling cash and disbursing funds. If they understand the procedures it will make it much easier for you to handle it.
- ❖ Set up a good schedule for receipting, disbursing funds and doing your bank reconciliations. Receipt, receipt, and receipt, but do it correctly and get all the pertinent data on the receipt.
- ❖ If you need help don't hesitate to ask the Business Office for assistance in setting up accounts and procedures for your campus.
- ❖ Keep good records because at some point in time you will be audited.
- ❖ The current audit schedule.
 - We audit at least 3 campus activity funds every year.
 - We also try to audit any campus activity fund on campuses that have a change in the principal
 - We will audit any campus where we find any significant problems or issues where it is determined the campus is not following policies and procedures
 - The internal auditor for the district will do periodic spot audits of campus activity funds to determine if all procedures are being met.
 - The District external auditors will audit campus activity fund toward the end of the year or during the summer.
- ❖ Be smart and use common sense. Always think of what is the best way to handle a particular situation and if you aren't sure then call the Business Office.
- ❖ Handle cash carefully and treat it like the prize it is. Don't hang onto it but get it in the bank where it is safe. The minute you accept that cash it is your personal responsibility to keep it safe. The quicker you get it to the bank the quicker you can rest easy.
- ❖ Make sure you have justification and back up documents to prove that you spent money appropriately.
- ❖ Always remember that when handling public funds you will have a lot of people looking over your shoulder to make sure the funds are handled correctly, are safeguarded and are spent correctly. These include you students, their parents, your staff, members of the public who donate or buy fundraising items, the Business Office, the school administration, our auditors, the Comptroller and TEA.
- ❖ No hand written checks are allowed.

- These are the private property of the student.
- When they leave your campus, make every effort to give them their money. If they don't get the money, you cannot move into your campus activity account.

CAMPUS STATE SALES TAX

Sales Tax

- You don't have to collect tax on:
 - Admission tickets if the event is for educational purposes.
 - Student club memberships
 - Sales of food and soft drinks that are sold or served during the school day
 - Sold by a PTA during a fundraising sale if the funds don't benefit an individual
 - If sold by a person under 19 years of age who is a member of an organization devoted exclusively to education
- You MUST collect sales tax on:
 - School purchased supplies sold directly to students
 - Pens, pencils, athletic equipment, notebook paper, etc.
 - Fees for materials when the end product becomes a possession of the student (building trades, etc.).
 - Student publications such as yearbooks and football programs
 - School rings
 - Books sold to students at book fairs
 - Other items such as food purchases for various situations may or may not be taxable. Check with the Business Office
 - Timely Sales Tax Reports
 - You must submit your quarterly reports to Laura in time for us to submit to the State
 - \$50 fine per account for late filing
 - Can freeze all of our bank accounts. \$ About 23 million



461 Campus Activity Funds (see Fund 865 for Student Activity Funds)

This fund classification is to be used to account for transactions related to a principal's activity fund if the monies generated are not subject to recall by the school district's board of trustees into the General Fund. Gross revenues from sales are recorded in revenue object code 5755. The cost of goods sold is recorded in Function 36, using the appropriate expenditure object code.

865 Student Activity Account (Not Reported to PEIMS) (See Fund 461 for Campus Activity Funds)

This fund classification is used as an agency account for student "club" funds or "class" funds.

ACCOUNTING
ACTIVITY FUNDS MANAGEMENT

CFD
(LOCAL)

FIDUCIARY RESPONSIBILITY	The Superintendent, principal, and sponsor, as applicable, shall be responsible for the proper administration of District and campus activity funds and student activity funds in accordance with state law and local policy, District-approved accounting practices and procedures, and the TEA <i>Financial Accountability System Resource Guide</i> .
STUDENT ACTIVITY FUNDS	<p>The Superintendent or designee shall ensure that student activity accounts are maintained to manage all class funds, organization funds, and any other funds collected from students for a school-related purpose. The principal or designee shall issue receipts for all funds prior to their deposit into the appropriate District account at the District depository.</p> <p>Student activity funds shall be included in the annual audit of the District's fiscal accounts. [See CFC]</p>
USE AND EXPENDITURE	Funds collected by student groups shall be used only for purposes authorized by the organization or upon approval of the sponsor. The principal or designee shall approve all disbursements. All funds raised by student organizations must be expended for the benefit of the students.
DISTRICT AND CAMPUS ACTIVITY FUNDS	The Superintendent shall establish regulations governing the expenditure of District and campus activity funds generated from vending machines, rentals, gate receipts, concessions, and other local sources of revenue over which the District has direct control. Funds generated from such sources shall be expended for the benefit of the District or its students and shall be related to the District's educational purpose.
APPROVAL	Approval from the immediate supervisor or designee shall be obtained prior to a disbursement being made to any employee, including the principal.
CARRYOVER FUNDS	All funds shall be left in the appropriate account and each sponsoring group shall retain the carryover funds for the next fiscal year. If an organization ceases to function or exist, the unexpended funds of the organization shall be credited to the appropriate administrative activity account.

Budget /Financial Account Codes

FINANCIAL BUDGET MONITORING CHECKLIST

District or Campus Budget Monitoring:

- ☐ Financial reports are available via Skyward
 - Periodic monitoring bi-weekly or monthly depending on activity
 - Make sure accounts are not negative

- ☐ Amend Budget or Transfer Budget
 - Budget Amendments are mandated by the state when funds are moved from one function area to another- these amendments require Board Approval. Amendment is processed manually and scanned to secretary of Executive Director of Finance.
 - Budget Transfers (within functional areas) May be initiated by a campus principal or director as the need arises. This processed entered and approved via Skyward.

Federal Budget Monitoring:

- ☐ Financial reports are available via Skyward, make sure no negative accounts. Federal Budget Amendments and Transfers don't require Board Approval, only Director of Federal program.

- ☐ Make sure expenditures spent in timely manner during the grant period to ensure that the funds are spent in a systematic and timely manner to accomplish the grant purpose and activities. Email reminders will be sent on following expectations.

For District Expenditures:

- | | |
|--|------|
| ▪ Within 5 months of the grant start date | 25% |
| ▪ Within 8 months of the grant start date | 50% |
| ▪ Within 11 months of the grant start date | 75% |
| ▪ Within 14 months of the grant start date | 100% |

For Campus Expenditures:

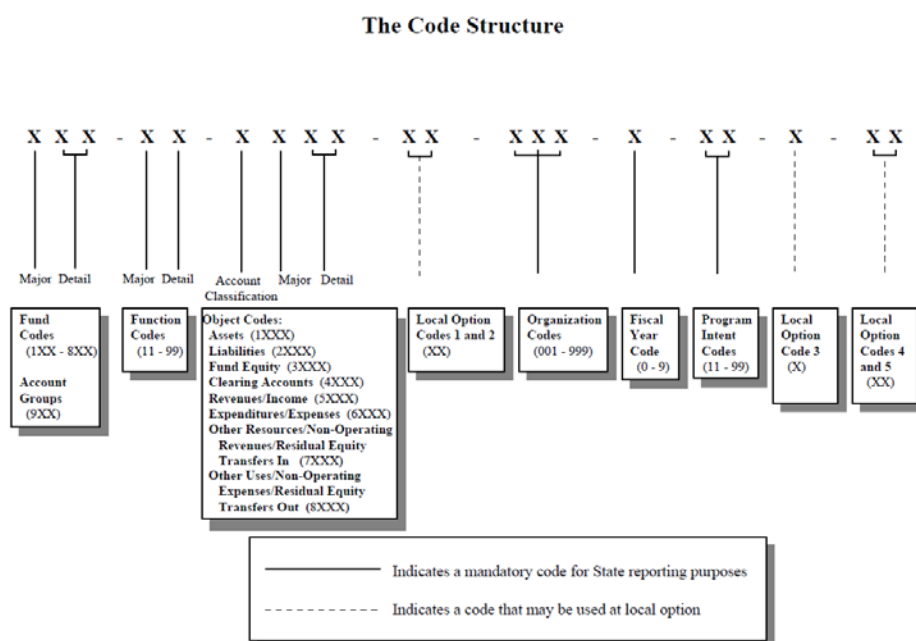
- | | |
|---|------|
| ▪ The last Friday of October for the grant school year | 25% |
| ▪ The last Friday of December for the grant school year | 50% |
| ▪ The last Friday of February for the grant school year | 75% |
| ▪ The last Friday of April for the grant school year | 100% |

☐ **Expenditures effecting monthly Federal draw-down:**

- Travel
 - Report cancellations immediately, please copy Doris Chapa on any emails concerning cancellations.
 - Travel forms submitted 5 days after travel taken
 - Certification of attendance attached to travel forms
- Payroll
 - Extra duty forms completed correctly
 - Correct calculations before submission
 - Correct Federal Grant code
 - Make sure there is a budget for extra-duty

Financial Accountability System Resource Guide, or FASRG

- Created by TEA
- Account codes are uniform throughout the state, except for locally defined codes.
- Chart of Accounts for Plainview ISD enclosed in secretarial handbook.



BASIC SYSTEM CODE COMPOSITION:

Account Code Determination:

- Fund How the expenditure is financed?
- Function Why the expenditure was made-the purpose?
- Object What was purchased?
- Sub-Object Optional use for greater detail accounting?
- Organization Where is the beneficiary of the expenditure located?
- Fiscal Year In which fiscal year did the transaction occur?
- PIC What is the intent of the program provided to students?
- Local (3 digit) Optional code for greater detail

CHART OF ACCOUNTS
FREQUENTLY USED SCHOOL ACCOUNT CODES

Funds:	Objects:	Sub-Objects:	Subjects:
199 General Fund 200-400 Special Revenue Funds 211 Title I Part A 212 Title I Part C Migrant 224 Idea B Formula 225 Idea B Formula Pre-School 263 Title III Part A LEP 255 Title II Part A Teach & Principal Training 270 Title VI, Part B Rural & Low Income School Program 410 Instructional Material & Educational Allotment 461 Campus Activity Fund 865 Student Activity Accounts(Clubs and Organization)	6100 Payroll Costs 6112 Salaries for Substitute Teachers 6117 Extra Duty Pay, Overtime, Professional Personnel 6118 Stipends, Teachers & Professional Personnel 6119 Salaries, Teachers & Professional Personnel 6121 Extra Duty Pay, Overtime, Support Personnel 6129 Salaries, Paraprofessional & Support Staff 6128 Stipends, Paraprofessional & Support Staff 6127 Extra Duty Pay, Paraprofessional & Support Staff 6141 Social Security/Medicare 6142 Group Health Insurance 6143 Workers Compensation 6144 TRS On-Behalf Payments 6145 Unemployment Compensation 6146 Teacher Retirement/TRS Care 6149 Employee Benefits- 6200 Professional & Contracted Services 6211 Legal Services 6212 Audit Services 6219 Professional Services (licensed by the State:Doctors, Lawyers, CPA's etc.) 6223 Student Tuition 6239 Education Service Center Services 6249 Contracted Maintenance & Repair 6259 Utilities 6269 Rentals-Operating Leases(Copiers, equipment, etc.) 6291 Consultants (Best Practices, Improvement) 6299 Miscellaneous Contracted Services 6300 Supplies & Materials 6311 Gasoline & other Fuels 6319 Vehicle Supplies 6321 Textbooks-purchased by district 6329 Reading materials, library books, subscriptions 6339 Testing Materials 6399 Supplies & Materials 6400 Other Operating Costs & Travel 6411 Travel, Staff 6412 Travel, Student 6419 Travel, Non-employees(parents, board, etc.) 6499 Misc. Expenses: Awards, Fees Etc. 6600 Capital Outlay & Equipment 6629 Facilities & Construction 6631 Vehicle, >\$5,000 6639 Furniture, Unit Cost->\$5,000 6641 Furniture, Unit Cost->\$5,000 6669 Library Books, Unit Cost->\$5,000	Dept. 01 SUPERINTENDENT 02 EXEC DIR BUS AND FIN SVCS 03 EX DIR FOR HUMAN RESOURCE SVCS 04 EX DIR FOR ADM 05 EX DIR. OF CURRICULUM & INST. 06 MIGRANT/BILINGUAL/ESL 07 DIR. FOR SECONDARY INST. SERV. 08 ELEM. DIR FOR CURR&INST 09 DIRECTOR OF MAINT & AUXILIARY 10 BUSINESS OFFICE 11 DIRECTOR OF TECHNOLOGY 12 STUDENT SERVICES COORDINATOR 13 ASST. SUPT - SP. SERVICES 14 ELEMENTARY INSTRU. COORDINATO 15 SATURDAY SCHOOL 16 DIRECTOR OF SPECIAL EDUCATION	Subjects: 43 READING 44 FOREIGN LANG 45 ACADEMIC UIL 46 ENG 47 MATH 48 SOC.ST 49 BUSI 50 SCI 51 DR.ED. 52 READING 54 ART 56 SHOP 57 HM 58 P.E. 59 DRAMA 60 VOC.AG. 61 ANNUAL 62 JOURN 63 BAND 64 CHOIR 65 ATH 66 CHRL 67 STUD PUBLICATION
Functions: Instruction and Instructional Related Services 11 Instruction 12 Instructional Resources & Media Svs 13 Curriculum Development & Instructional Staff Dev. Instruction and School Leadership 21 Instructional Administration 23 Campus Leadership Support Services-Student 31 Counseling Services 32 Social Work Services 33 Health Services 34 Student Transportation 35 Food Services 36 Cocurricular/Extracurricular Activities Other Functions 41 General Administration 51 Plant Maintenance & Operations 52 Security & Monitoring Services 53 Data Processing Services 61 Community Services 81 Facilities, Acquisition, and Construction 93 Payments to Fiscal Agent of SSA, Sp.Ed. Co-op 95 Payments to JIAEP	ORGANIZATIONS: 001 HIGH SCHOOL 002 ASH HIGH SCHOOL 004 JIAEP 043 CORONADO MIDDLE 044 ESTACADO MIDDLE 102 COLLEGE HILL ELEM. 103 EDGEWATER ELEM. 105 HIGHLAND ELEM. 106 HILLCREST ELEM. 108 LA MESA ELEM. 109 THUNDERBIRD ELEM. 699 SUMMER SCHOOL 701 SUPT. OFFICE 702 SCHOOL BOARD 703 TAX OFFICE 750 GEN.AMINISTRATION 751 FISCAL AGENT - SSA 998 UNALLOCATED ORG. UNIT 999 DISTRICT WIDE	Program Intent Codes: 11 Basic Educational Services Enhanced Program Services 21 Gifted and Talented 22 Career & Technology 23 Services to Students w/Disabilities 25 Bilingual and Special Language Programs State Compensatory Education 24 State Comp. Ed/Accelerated Education 26 NONDISCIPLINARY AEP BASIC SERV 27 NONDISCIPLINARY AEP SUPPLEMENT 28 DAEP BASIC SERVICES 29 DAEP SUPPLEMENTAL COSTS 30 TITLE I SCHWIDE ACT./STATE COMP. ED. High School Allotment 31 High School Allotment Pre-Kindergarten: 33 PRE-K SPECIAL EDUCATION 34 PRE-K COMPENSATORY 35 PRE-K BILINGUAL Other: 91 ATHLETICS 99 DISTRICT WIDE	Local: 003 POSTAGE EXPENSE 004 PRINTING EXPENSE 066 Furniture & Equipment

Title I Part A

Intent and Purpose

Title I, Part A, provides supplemental resources to LEAs to help schools with high concentrations of students from low-income families provide high-quality education that will enable all children to meet the state student performance standards. Title I, Part A, supports campuses in implementing either a schoolwide program (SWP) or a targeted assistance program (TAP).

Allowable Activities and Use of Funds

Title I, Part A, funds must be expended for programs, activities, and strategies that are scientifically based on research and meet needs (identified in the campus' comprehensive needs assessment process) that are listed in the CIP.

Intended Program Beneficiaries

The intended program beneficiaries are students who experience difficulties mastering the state academic achievement standards.

Supplement, Not Supplant

Unless otherwise specified in the Program Guidelines, Supplement, Not Supplant, funds for this program must be used to *supplement* (increase the level of services) and *not supplant* (replace) funds from federal, state, and local funds for similar activities. Any program activity required by state law, State Board of Education (SBOE) rules, or local board policy may not be paid for with these funds. State or local funds may not be decreased or diverted for other uses merely because of the availability of these funds. Subgrantees must maintain documentation that clearly demonstrates the supplementary nature of these funds.

Definition of Reasonable and Necessary

Costs that are *reasonable* are defined as those costs that are consistent with prudent business practice and comparable to current market value. Costs that are *necessary* are those costs that are essential to accomplish the objectives of the grant project. All items requested must be allowable expenditures under the authorizing program statutes, regulations, and rules. In general, the budget schedules submitted by the applicant in the SAS must evidence the following:

- Project costs are reasonable in relation to expected outcomes:
 - ☐ The amount requested would realistically be expected to have an impact on the stated needs.
 - ☐ The expected outcomes are sufficient to justify the amounts requested.
- The program identifies and coordinates funding from several sources.
- All expenditures are pertinent to and appropriate for the objectives and activities stated

Obligation of Funds

Program funds shall not be obligated for expenditure before the beginning date of the grant or after the ending date of the grant unless pre-award costs are expressly permitted for the individual grant program. Funds may be requested only for those items that are reasonable and necessary for accomplishing the objectives of the program as defined in this RFA and for implementing activities as described.

In general, goods or services delivered near the end of the grant period may be viewed by TEA as not necessary to accomplish the objectives of the current grant program, but TEA will evaluate such expenditures on a case-by-case basis. Please note that a TEA monitor or an auditor may disallow those expenditures if the subgrantee is unable to (1) document the need for the expenditures, (2) demonstrate that program beneficiaries receive benefit from the late expenditures, or (3) negate the appearance of “stockpiling” supplies or equipment.

Specific examples of allowable uses of funds are in the Title I, Part A, Program Description schedule, but generally, allowable uses of funds include the following:

- Research-based mathematics programs, activities, or strategies
- Research-based reading or language arts programs, activities, or strategies
- Research-based science programs, activities, or strategies
- Research-based social studies programs, activities, or strategies
- Research-based writing programs, activities, or strategies
- Research-based arts programs, activities, or strategies
- Research-based foreign language programs, activities, or strategies
- Research-based individualized instruction programs, activities, or strategies
- Research-based small-group instruction programs, activities, or strategies
- Professional development
- Tutorials
- Computer-aided instruction
- Extended-learning opportunities
- Parent involvement programs, activities, or strategies

All Campuses

All Title I, Part A, campuses must do the following:

1. Implement Parents' Right-to-Know in accordance with P.L. 107–110, Section 1111(h)(6)
2. Develop school-parent compacts jointly with parents
3. Provide information to parents in the language parents understand
4. Develop an LEA and campus parent involvement policies
5. Implement Section 1304.21 of the Head Start Standards if implementing preschool programs
6. Integrate and coordinate Title I, Part A, professional development and services with other educational services and programs
7. Provide additional assistance to students identified as needing help in meeting the state's challenging student academic achievement standards
8. Ensure that all new teachers hired on the campus to teach core academic subjects are qualified when hired
9. Include in the Campus Improvement Plan (CIP) strategies and activities to ensure that all core academic subject area teachers teaching within the school are qualified

Schoolwide Campuses

The CIP of a Schoolwide Campus must do the following:





1. Incorporate the requirements of a Schoolwide Plan as cited in P.L. 107–110, Section 1114(b)
2. Clearly incorporate the ten components of an SWP
3. Describe how the school will use Title I, Part A, resources and other sources to implement the ten components
4. Include a list of state and federal programs whose funds will be consolidated to implement an SWP




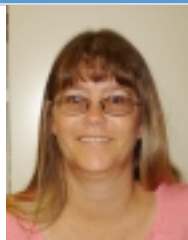

For schoolwide programs, LEAs may consolidate:

- ☐ Title I, Part A, funds only
- ☐ Only federal sources
- ☐ State, local, and federal sources

5. Describe how the intent and purposes of the federal programs whose funds are consolidated on a schoolwide campus are met
6. Include sufficient activities to address the needs of the intended beneficiaries of the federal programs whose funds are consolidated on a schoolwide campus for upgrading the entire education program

Contact Information

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