

Student Support Services Division

Fiscal Accountability & Data Analysis

Fiscal Procedures for Spending Federal Funds Manual



TABLE OF CONTENTS	<u>Page</u>
Purpose.....	3
Responsibility.....	3
Process Input.....	3
Definitions.....	3
0.0 Personnel Requisitions (CCF-168).....	4
1.0 Add On Days Memo.....	5
1.1 Add on Days Continued.....	7
1.2 Additional Days Authorization (CCF-100).....	7
2.0 Authorization for Extra pay (CCF-5).....	8
2.1 Authorization for Extra Duty Pay – Continuation Sheet.....	9
2.2 Authorization for Extra Duty Pay – Extra time Sheet.....	10
2.3 Authorization for Extra Duty Pay – In-service/Workshop.....	11
2.4 Authorization for Extra Duty Pay – Stipend.....	12
3.0 Substitute Teachers (Flow Chart).....	13
5.0 Out of District Consultants (CCF-144).....	17
6.0 Out of District Travel.....	26
7.0 Tuition Reimbursement.....	37
8.0 Field Trip.....	39
8.1 Out of District Student Activity Authorization.....	40
9.0 Printing.....	42
10.0 Credit Card Procedures.....	43
10.1 Making Purchases with Grant Credit Cards.....	43
10.2 Credit Cards located in the Field.....	44
11.0 Grant Shopping Cart.....	45
12.0 Important Phone Numbers.....	48
13.0 Supporting Document Reverences.....	49
14.0 Record Retention Table.....	49
15.0 Document Revision History.....	49
16.0 Process Output.....	49
17.0 Approval Authority for this Manual.....	49

PURPOSE:

The purpose of this manual is to define policies, procedures, requirements, for spending federal funds.

RESPONSIBILITY:

Coordinator II Fiscal Accountability and Data Analysis

PROCESS INPUT:

Input for this manual are; multiple CCF Forms, Fiscal Accountability and Data Analysis (FADA) and Grants Development and Administration (GDA) policies and procedures.

DEFINITIONS:

- 0.1 AA: Assistant Accountant
- 0.2 CCSD: Clark County School District
- 0.3 FADA: Fiscal Accountability and Data Analysis
- 0.4 GCW: Grant Coordinator Writer
- 0.5 GDA: Grants Development and Administration
- 0.6 OARS: Online Absence Reporting System

0.0 District Forms

- 0.1 CCSD provides all district forms
 - 0.1.1 www.graphics.ccsd.net
- 0.2 Submit **all** forms to FADA for processing
- 0.3 **TYPE** all forms
- 0.4 Use blue ink when signing
- 0.5 Use 3 part NCR paper
 - 0.5.1 Available for purchase through shopping cart #110726
- 0.6 Ensure forms are signed and dated by administrating persons
- 0.7 Submit forms timely, at least monthly
- 0.8 Call your AA with questions about forms and any backup required.

1.0 Personnel Requisitions

9998-500168

CGF-168
Rev. 9/03

Date Received in Personnel: _____	CLARK COUNTY SCHOOL DISTRICT POSITION CONTROL AUTHORIZATION FORM (PERSONNEL REQUISITION)	<div style="border: 1px solid black; padding: 5px;">Position Control Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____ Initials: _____</div>
Date of Requisition: ____/____/____ Effective or Start Date: ____/____/____		
SECTION I COMPLETE THE FOLLOWING		
School/Department With Vacancy: _____ Location Code: _____		
Position: _____ Program: _____ <small>(If Teacher, Specify Grade Level(s) and Subject(s) Taught)</small>		
Check One: <input type="checkbox"/> Support Staff <input type="checkbox"/> Licensed <input type="checkbox"/> Administrative Date needed: _____		
Unique requirements needed to fulfill job responsibilities, i.e., languages spoken, extra assignments, etc.: _____		
Contact person: _____ Phone: _____ Title: _____		
Area A		
<input type="checkbox"/> Replacement for: _____ Sex/Ethnic: ____/____ Date Leaving: ____/____/____ Reason: _____ <input type="checkbox"/> Permanent Replacement/Regular Status <input type="checkbox"/> Temporary Replacement Job Stop Date ____/____/____		
Area B		
<input type="checkbox"/> New Position Rationale: _____ Earned by Formula Outside Formula, but included in budget (See CCSD Policy 4120)		
Area C		
Teacher recommended: _____ S.S.#: _____		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Extra Instruction (teachers only) <input type="checkbox"/> Prep in Lieu/Purchase of Prep <input type="checkbox"/> Extended Day <input type="checkbox"/> ESL <input type="checkbox"/> Other _____ (specify)</div><div><input type="checkbox"/> Adaptive PE <input type="checkbox"/> Adult Education <input type="checkbox"/> Credit Deficient <input type="checkbox"/> Instructional Clinic</div><div>Days of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</div><div>Track: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</div><div>Grading Period/Semester <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th</div><div>Trimester <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd</div></div>		
Start date: ____/____/____ Stop date: ____/____/____ Rate of pay: <input type="checkbox"/> Contract hourly <input type="checkbox"/> \$22.00 per hour <small>I have read the standard agreement on the back of this form for providing extra instruction. (Copy must be maintained in the principal's office.)</small>		
Teacher's Signature: _____ Date: ____/____/____		
Area D		
Person recommended: _____ S.S.#: _____		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Change in Hours <input type="checkbox"/> Increase from ____ to ____ <input type="checkbox"/> Decrease from ____ to ____</div><div><input type="checkbox"/> Change in Months <input type="checkbox"/> Increase from ____ to ____ <input type="checkbox"/> Decrease from ____ to ____</div><div><input type="checkbox"/> Change in Funding <input type="checkbox"/> Other _____ (specify) <input type="checkbox"/> Rationale: _____</div></div>		
Area E		
Work Loc. _____ Variance Loc. _____ Check Dist. Loc. _____ Eval. Dist. _____ Months _____ Days _____		
1. Fund _____ Unit _____ Account _____ Object _____ Fiscal Yr. _____ Project _____ Grant _____ % of fund _____ Min. _____/Hours _____ Per Day _____		
2. Fund _____ Unit _____ Account _____ Object _____ Fiscal Yr. _____ Project _____ Grant _____ % of fund _____ Min. _____/Hours _____ Per Day _____		
3. Fund _____ Unit _____ Account _____ Object _____ Fiscal Yr. _____ Project _____ Grant _____ % of fund _____ Min. _____/Hours _____ Per Day _____		
Signature (Principal/Department Head) _____ Date: ____/____/____		
Signature (Division Head) (Required if new unified/support staff position) (Attach Board Backup if available) _____ Date: ____/____/____		
Area F		
Person Approved For Position: _____ Sex/Ethnic (Race): ____/____ S.S.#: _____		
Address: _____ City: _____ State: _____ Phone #: _____ <small>(If new hire or returning employee)</small>		
(If Teacher, Major/Minor Fields: _____ Certificate Held: _____)		
<input type="checkbox"/> New Hire <input type="checkbox"/> Returning Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Administrative - Voluntary <input type="checkbox"/> Administrative - Involuntary		
FROM: (If CCSD Employee) Position: _____ Grade Levels: _____ Location: _____ Months: _____ Days: _____ Hours: _____		
TO: _____ Position Code(s) 1: _____ 2: _____ Grade Level(s): _____ Effective Date: ____/____/____ School Year: ____ - ____ Contract Status: _____ (If Licensed) <input type="checkbox"/> _____ (If Applicable)		
Salary: _____ Salary Extra: _____ Step: _____ Class/Range: _____ Job: _____		
Present CCSD Supervisor Notified/Approval Granted <input type="checkbox"/> New Supervisor Notified <input type="checkbox"/>		
Approved: _____ Personnel Administrator/Designee _____ Date: ____/____/____		

Distribution: Forward original and first copy for appropriate unit/division signatures
ORIGINAL: Appropriate personnel department FIRST COPY: To be retained by unit supervisor

SECOND COPY: To be retained by originator

- Office Manager completes form
- Support Staff done online
 - Licensed or Administrative Personnel complete hard copy of 168
- Submit to FADA
- Copy of online print out for Support Staff
 - Original 168 for Licensed/Admin
- Submit original time sheets for temporary part time workers
- Student Workers
 - Keep copy at your location

2.0 Add on Days Memo



HUMAN RESOURCES DIVISION
Licensed Personnel
Interoffice Memorandum

DATE: April 11, 2007
TO: Principals and Supervisors of Licensed Personnel
FROM: Stephanie Landeros, Director-Contracting Services
SUBJECT: Additional Days Authorization for the 2007-2008 Contracted School Year

This memo will serve as notification that you must request authorization for additional days for all eligible licensed employees at your site/work location by submitting an "Additional Days Authorization Form." The **maximum** number of additional days an employee can be assigned for the 2007-2008 contracted school year is thirty (30) days. Please be informed that new licensed employees being hired to work for the 2007-2008 school year, are not able to work additional days prior to the start of their assignment.

To establish a consistency throughout the district and the instructional programs, the **minimum** required number of additional days that an eligible employee will be required to work for the 2007-2008 contracted school year is twenty-five (25) days. (Departmental specialists may be limited to less than twenty-five (25) days based upon department approval.) Current self-contained teachers are assigned to a single track; and therefore, additional days are not necessary unless additional days are assigned and authorized by the responsible administrator for the extended school year program.

The "Additional Days Authorization Form" is a district form and can be accessed via the internet at: <http://graphics.ccsd.net> (Do not enter "www"). Click on "District Forms and Archives" and locate form CCF-100. Review the procedures and guidelines provided with the form to ensure compliance with the Negotiated Agreement. Complete the form and forward the **ORIGINAL** to your Region Office for approval. **Copies or faxed forms will not be accepted.** The Region Office will then forward the original form to Licensed Personnel, Contracting Services for processing. Please retain a copy of the form for the employee and the employee's site/work location file. Additionally, a "WORK LOCATION RECORD" has been included at the bottom of the procedures/guidelines page to assist you in monitoring the additional days for each eligible employee. (This form remains at the employee's work location.)

SECONDARY COUNSELORS	
37-2-1	Each full-time counselor shall be assigned nine (9) additional days of service at the employee's daily rate of pay.
LIBRARIANS	
37-2-2	Librarians shall be assigned additional days of service, to be paid at the employee's daily rate of pay, according to the formula below. For Librarians assigned to year round schools, additional days required by Article 37-2-2 are in addition to the maximum 30 additional days provided for instruction as noted above.
Projected Enrollment	Additional Days Allotted
Under 500	3-1/2
500-999	7
1000-1499	10-1/2
1500 and over	14

If you have any questions regarding this process, please contact Sonya Simonson, Personnel Administrator, 799-2812.

c: Martha Tittle
Dr. Lauren Kohut-Rost
Region Superintendents
Charlene Green

- Complete CCF-100 to add days to contract to be paid at daily or contract rate of pay
- Send to Regional Office for approve
- Send to FADA office
- FADA will expense adjust from the district into the grant upon receipt of the copy

2.1 Add on Days Continued

PROCEDURES/GUIDELINES For Use of the Additional Days Authorization Form

GENERAL

- Additional Days Authorization Forms are due as follows for the ensuing school year:
 Returning Employees JULY 15
 New Hires AUGUST 31
 Late New Hires 15 DAYS AFTER HIRE DATE
 Complete the form, retain a copy for your records, and forward the original to the region office or the division responsible for the program.
- Through consultation with each eligible employee, the Principal/Site Administrator assigns an appropriate number of additional days. The maximum number of additional days available will be established annually and may not be exceeded for any employee.
- Additional days are combined with the standard number of contracted days to establish an updated contracted salary amount that is disbursed evenly over the contracted paydays. Once contracted, the employee is required to work the number of additional days agreed upon. Any additional days **NOT** completed must be submitted on an Employee Absence Form (CCF-101) as non-paid days (Code 10) and reported on the payroll variance at the site/work location.
- The "Work Location Record" below has been provided to help monitor additional days and should be completed and maintained exclusively by the site/work location. Please do not forward it to any other department.

WORK LOCATION RECORD

Enter the date for the additional days worked in the top row of each table. Have the **EMPLOYEE** initial under each date indicating they have reported and worked the additional days.

DAY #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DATE															
INITIAL															

DAY #	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
DATE															
INITIAL															

DAY #	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
DATE															
INITIAL															

REMINDER: MONITORING THE COMPLETION OF THE ADDITIONAL DAYS CONTRACTED AND/OR "TIME OUT" DAYS IS THE RESPONSIBILITY OF THE SITE ADMINISTRATOR AND THE EMPLOYEE.

(This Form Remains At The Employee's Location)

2.2 Additional Days Authorization (CCF-100)

9998-500100

CLARK COUNTY SCHOOL DISTRICT
ADDITIONAL DAYS AUTHORIZATION FORM

CCF-100
Rev 05/05

I agree to work at the assigned job location the number of additional instructional days stated below beyond my standard number of contracted days. The compensation for the additional days worked will be at my contracted daily rate of pay. The schedule for additional days as determined by the Principal/Site Administrator will be maintained at the site/work location.

I understand this agreement is not in effect until authorized by the Principal/Site Administrator, the Region Superintendent or the Assistant Region Superintendent, and the Human Resources Division. I understand that the authorization of additional days may be terminated at any time at the option of the district and does not establish and shall not be construed to establish any property rights nor does it establish any expectation to continued additional days of employment under Section 391.311 to 391.3197 inclusive of Chapter 391 of the Nevada Revised Statutes.

I am required to work the number of additional days agreed upon. Any additional days not completed must be submitted on an Employee Absence Form (CCF-101) as non-paid days (Code 10) and reported on the payroll variance at the site/work location.

I understand this agreement shall be void if I am transferred or reassigned to another location or assignment.

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	LOCATION NAME	LOCATION #
JOB TITLE			

I agree to work a total of _____ additional days during the _____ school year.
(Secondary Counselors, Specialists and Nine-Month Librarians)

I agree to work _____ additional instructional days and _____ additional librarian days as required per Article 37-2-2 during the _____ school year for a total of _____ days.
(Year Round School Librarians Only)

EMPLOYEE SIGNATURE _____ DATE _____ PRINCIPAL/SITE ADMINISTRATOR SIGNATURE _____ DATE _____

RETAIN A COPY FOR YOUR RECORDS AND SEND ORIGINAL FORM TO
THE REGION OFFICE OR THE DIVISION RESPONSIBLE FOR THE PROGRAM.

COPIES OR FAXED FORMS WILL NOT BE PROCESSED

SIGNATURE
ROUTING:

OR:

REGION SUPERINTENDENT/ASSISTANT REGION SUPERINTENDENT _____ DATE _____
ASSOCIATE/ASSISTANT SUPERINTENDENT, DIVISION _____ DATE _____
LICENSED PERSONNEL DEPARTMENT, CONTRACTING SERVICES _____ DATE _____

3.0 Authorization for Extra Duty Pay (CCF-5)

9998-500005

Date Received
In Personnel

CLARK COUNTY SCHOOL DISTRICT

AUTHORIZATION FOR EXTRA PAY

(Page of)

CCF-5 Rev. 9/03

CHECK ONE

☐ Support Staff

☒ Licensed

☐ Unified

Check one

DATE SUBMITTED: 07/01/05

LOCATION: Clark HS

551

This will be your authorization to pay the employee/s listed below at the following designated rate of pay.

Enter Description

GEAR UP PARENT NIGHT

(DESCRIPTION OF SPECIAL SERVICE INCLUDING PROGRAM, IF APPLICABLE)

RATE OF PAY:

☐ Contract hourly rate of pay

☐ Contract daily rate of pay

☐ \$20.00 per hour (Support Staff)

☐ Substitute Pay

☐ Overtime (support staff)

☒ \$22.00 per hour

☐ Responsibility Pay (Replacing:

☐ Other \$

If the request is for responsibility pay for a support staff employee, and if assignment is for less than 5 days, please provide copies of prior responsibility request/s to verify the 5 day eligibility rule. (See Article 5 of the Agreement between ESEA and the CCSD.)

Enter Location
Name & Number

Check the
Rate of Pay

BUDGET

UNIT

FISCAL Yr.

ACCOUNT

OBJECT

GRANT

PROJECT

FUND

%

Coding

1

2

3

0137

XX

XXXX

XXXX

XXXXXX

XXXX

02XX

%

ALL PERSONS LISTED BELOW MUST HAVE SAME BUDGET CODING

NAME	SS#	DATE/S	(PER DAY) MINUTES (OR) HOURS	(FOR TOTAL OF:) MINUTES (OR) HOURS (OR) DAYS	PERSONNEL USE ONLY
Doe, Jane	111-11-1111	06/01/05	3.0	3.0	
Garcia, John	222-22-2222	06/01/05	3.0	3.0	
Ronald, Don	333-33-3333	06/01/05	3.0	3.0	
TOTAL:			9.0	9.0	

Type in, alpha order,
Last Name, First, SS# &
Dates

Enter Total Hours

#Hrs X Rate Pay

9hrs X \$22.00=\$198.00

Enter Calculation

I certify that funds are available for this request.

UNIT SUPERVISOR/PRINCIPAL:

DATE:

DIVISION HEAD/DESIGNEE:

DATE:

PERSONNEL ADMINISTRATOR/DESIGNEE:

DATE:

Appropriate signatures

• Type CCF-5

– Attach an original extra pay time sheet.

– OR an in-service/workshop sign-in (CCF-45)

• An authorized administrator must sign the form prior to processing.

• Submit CCF-5 on or **before** the 25th of the month to the AA.

• Do not project dates beyond actual days worked.

9998-500052

Rev. 3/9

CLARK COUNTY SCHOOL DISTRICT

(Page 2 of 2)

LOCATION: Clark

551

FOR: GEAR UP PARENT NIGHT

(TYPE/AMOUNT)

(DESCRIPTION OF SPECIAL SERVICE INCLUDING PROGRAM, IF APPLICABLE)

UNIT 0137

FISCAL YEAR xx

ACCOUNT

OBJECT XXXX

PROJECT XXXXX

FUND 02xx

(All persons on this form must have the same budget funding)

Use this page to continue a CCF-5

Enter Grand Total of hours if using a continuation page

TOTAL:

9.0

TOTAL:

9.0

SIGNATURE OF UNIT SUPERVISOR/PRINCIPAL _____

DATE _____

3.2 Authorization for Extra Duty Pay (CCF-5) Extra Time Sheet

CLARK COUNTY SCHOOL DISTRICT EXTRA TIME SHEET

Month _____

NAME _____ SS# _____ SCHOOL _____

_____ Licensed _____ Support Staff _____ Unified

Rate of Pay: _____ Hourly _____ Daily _____ \$22/HR _____ Stipend

SERVICES RENDERED _____

DAYS OF MONTH	HOURS		TOTAL HOURS	
	FROM	TO		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

DAYS OF MONTH	HOURS		TOTAL HOURS	
	FROM	TO		
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL NUMBER OF: HOURS _____ DAYS _____

NOTE: Licensed employees are to have this form in the office of the unit supervisor no later than the 25th of each month. The amount earned could take up to 60 days to process.
Submit one time sheet for each month. SUBMIT SHEETS MONTHLY.

- Attach time sheet to CCF-5 for each employee
- Signature of the employee and administrator required

3.3 Authorization for Extra Duty Pay (CCF-5)

CCF-45
4/89

CLARK COUNTY SCHOOL DISTRICT
INSERVICE/WORKSHOP
Sign In Sheet

Name of Workshop: _____ Name of Program (if federal): _____ Date _____ Site: _____

Time: From _____ to _____ Workshop/Activity Coordinator: _____ Unit: _____

ACTIVITY NO. (if applicable) _____

- Attach to CCF-5
- Administrator must sign here

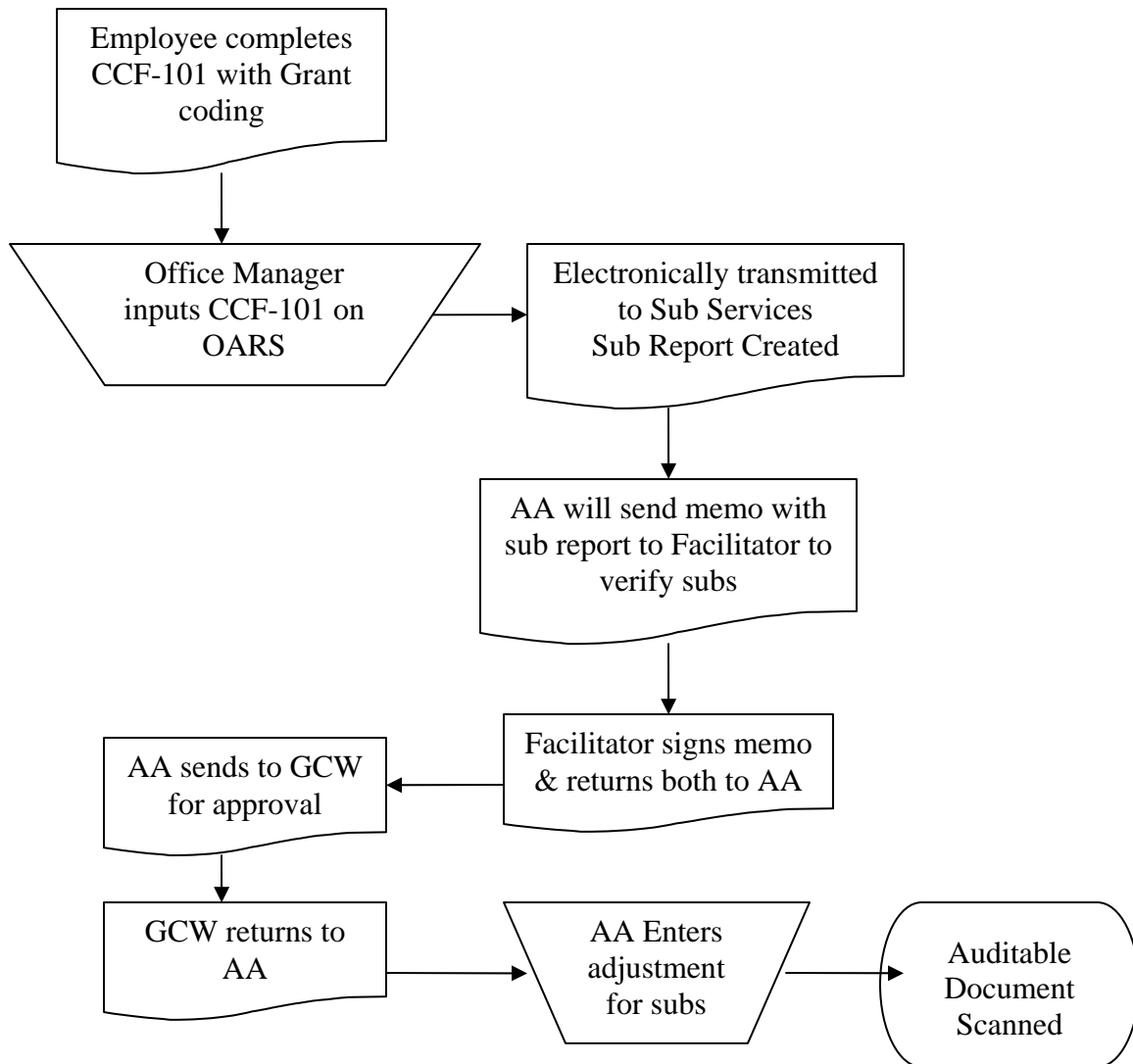
Original: Workshop/Activity coordinator
2nd Copy: Administrator/Authorizing Unit
3rd Copy: Appropriate Division Secretary

3.4 Authorization for Extra Duty Pay – Stipend (CCF-5)

Page 12 of 49

4.0 Substitute Teachers Flow Chart

4.1 Used to reimburse the general fund for subs used for grant activities



4.2 Skipping over process steps is against Departmental Procedures

4.3 Substitute Teachers CCF-101

9998-500101 CLARK COUNTY SCHOOL DISTRICT CCF- Rev. 09

EMPLOYEE ABSENCE REQUEST/AUTHORIZATION

Please Print

LAST NAME: Doe FIRST NAME: John M.I.: SOCIAL SECURITY NO.: 111-11-1111

LOG. CODE: 555 SCHOOL NAME or WORK LOCATION: Durango High School JOB #:

ADMIN/LICENCED PERSONNEL ABSENCE: 1.0 SCHOOL POLICE/SUPPORT PERSONNEL ABSENCE: Total DAYS: Total HOURS: (Admin. Comp.) Total HOURS:

This report covers absence on the following dates: MONTH/S: October DATE: 25 REASON CODE: 8 DAYS/HOURS: 1.0

Please place a date, reason code, and hours/days in each square for each absence:
A maximum of 7 days absence may be reported on each form.

YES NO
/ /
/ /
/ /

Were you absent on a day prior to or following a holiday? Indicate holiday
Did you notify your supervisor that you were to be absent?
Did you see a doctor if reason was for personal (01) or family (02) illness?

SIGNATURE OF EMPLOYEE DATE
SIGNATURE OF SUPERVISING ADMINISTRATOR DATE

DISTRIBUTION: Original copy to be retained by supervising administrator 030
2nd copy to the employee with disposition

REASON FOR ABSENCE
Please use code numbers listed below.

1. Personal illness #
2. Illness in immediate family #
3. Bereavement
4. * Jury duty
5. * Subpoena as witness
6. * Personal leave
7. * See Below
8. * See Below
9. * Military
10. * Non-paid - with or without leave
11. * Paid vacation
12. * Worker's Compensation
13. * Time out (year-round only)
14. * Compensatory (Comp) time used
15. * Universal/Flexible day
16. District business/activity without students (recruitment, state meetings, conferences, etc.) (no substitute teacher required)
17. * School business / activity with students (athletic trip, field trip) Name of activity: (requires substitute teacher)
18. * Authorized absence / activity without students (professional development, sport clinics, SPTA, etc.) Name of activity: SLC Initial Meeting (requires substitute teacher/preapproved budget coding) Authorizing unit: 137 Grant/Ph: 000509-05 (if applicable) Sub Authorized by: Frosini / lully

*APPROVAL REQUIRED PRIOR TO PENDING ABSENCE/VACATION/COMPENSATORY TIME, ETC.

Family Medical Leave (FML) Notice

All absences taken for one of the following "qualifying events" will run concurrently with and be deducted from your annual FML entitlement of 12 weeks:

- For the birth, care, or placement of a child for adoption or foster care;
- To care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- To take medical leave when you, the employee, are unable to work because of a serious health condition.

Employees are not eligible for FML if they have not worked for the CCSD for at least 12 months and have not worked for the CCSD for at least 1,250 hours during the 12-month period preceding the qualifying event or other reason for the leave.

Should you continue to be absent for 12 weeks or more, you may be required to exhaust your annual entitlement of 12 weeks of FML leave of absence.

CCSD Regulation 401.01 Human Resource

- Fill out CCF-101
- Fill out Section 8
 - name of activity, Unit, Grant/Phase and authorized by:
- Fill in the name of the activity
- Obtain coding for authorizing unit and the name of the Project Director for each event
 - Contact appropriate supervisor
- Keep the CCF-101 at your location

2 months and have not worked for the CCSD for at least 1,250 hours during the 12-month period preceding the qualifying event or other reason for the leave.

work annual entitlement of 12 weeks of FML leave of absence for an appropriate

aged to contact the

4.4 Substitute Teachers Sample Sub Report

M5515066		SCHOOL BUSINESS/AUTHORIZED ABSENCE MONTHLY REPORT REPORTING DATE: 05/01/05 - 05/31/05				DATE: 06 PAGE:
ORG.	DEPARTMENT EMPLOYEE NAME APPROVED BY	SOC SEC#	SCHOOL DATE/S	GRANT/PH. REASON ACTIVITY	SUB DAYS	
0137	EARLY CHILDHOOD THOMAS, PAMELA R GILDA AUSTIN THOMAS, PAMELA R GILDA AUSTIN TURNER, PATRICIA L GILDA AUSTIN		ECSE 05/16/05-05/16/05 05/23/05-05/23/05 05/02/05-05/02/05	000407-05 08 TESTING 08 IEP/PARENT TRAINING 08 ECCP GRANT	1.0 1.0 1.0	
					SUB TOTAL	3.0
					GRANT TOTAL	3.0
0137	REG PROF DEV PROGRAM TAYLOR, JOAN J HANLON		MATH INSTITUTE 05/20/05-05/20/05	000441-05 08 PASEMST APPL. SCI	.0	
					SUB TOTAL	.0
0137	REG PROF DEV PROG HAUVER, MARY Y HANLON/LEDA			ERACY	1.0	
					SUB TOTAL	1.0
0137	REG PROF DEV PROG SPENCER, TRACY HANLON/TICK SPENCER, TRACY HANLON/TICK SPENCER, TRACY HANLON/MARR			LIT LON/TICKNOR P WORD WALL TRAINING	.0 .0 .0	
					SUB TOTAL	.0
0137	REG PROF DEV PROG OLIVAR-RAMIREZ, RAYMA F ANNE TICKNOR		05/17/05-05/17/05	08 LITERACY IN-SERVICE	.0	
					SUB TOTAL	.0
					GRANT TOTAL	1.0
0137	SMALLER LEARNING COMMUNITIES ROUND 2 ELWELL, JOHN R KATHY FROSINI MAYER, MELODY A KATHY FROSINI ROSS, JANIE L KATHY FROSINI WOOD, JASON C KATHY FROSINI		VALLEY HIGH 05/31/05-05/31/05 05/31/05-05/31/05 05/31/05-05/31/05 05/31/05-05/31/05	000509-05 07 FROSINI/TEAM ACTION VIP 07 FROSINI/TEAM ACTION VIP 07 FROSINI/TEAM ACTION VIP 07 FROSINA/TEAM ACTION VIP	1.0 1.0 .0 .0	
					SUB TOTAL	2.0

- You will receive this report from your AA
- Verify the sub against the 101's submitted through OARS
- Return approved authorization memo to AA

4.5 Support Staff Sample Sub Report

M5515066		SCHOOL BUSINESS/AUTHORIZED ABSENCE SUPPORT STAFF REPORT REPORTING DATE: 07/10/05 - 07/23/05				DATE: 07/25/05 PAGE: 1
ORG.	DEPARTMENT EMPLOYEE NAME APPROVED BY	SOC SEC#	SCHOOL DATE/S	GRANT/PH. REASON ACTIVITY	SUB HOURS	
0137	21ST CENTURY-TITLE IV-S & S ROMERO, SANDRA BOB BORDERS ROMERO, SANDRA BOB BORDERS		SQUIRES, C. P. 07/19/05-07/19/05 07/18/05-07/18/05	000770-05 08 CAYEN TRAINING 08 CAYEN TRAINING	6.0 6.0	
					SUB TOTAL	12.0
					ORG. TOTAL	12.0

- For Support Staff Substitutes
- You will receive BI-Monthly
- Verify the subs against the 101's submitted through OARS
- Return approved authorization memo to AA

4.6 Substitute Expense Adjustment Memo

CLARK COUNTY SCHOOL DISTRICT SUBSTITUTE EXPENSE ADJUSTMENT MEMORANDUM

Date:

TO: Director

FROM: Assistant Accountant - FADA
799-5224 x520x, FAX xxx-xxxx

SUBJECT: Substitute Reimbursement Transmittals

Attached is a copy of a computer printout that shows the substitute days that were used during the month of _____. Please review the printout for accuracy and crosscheck your records for those individuals that you or your staff authorized for reimbursement.

Please return with signature of authorization for reimbursement. Thank you.

Total days 60 days x \$90 = \$5,400.00 (plus benefits)

Authorization to reimburse Substitute Services _____

Signature/Date

AA to Expense Adjust

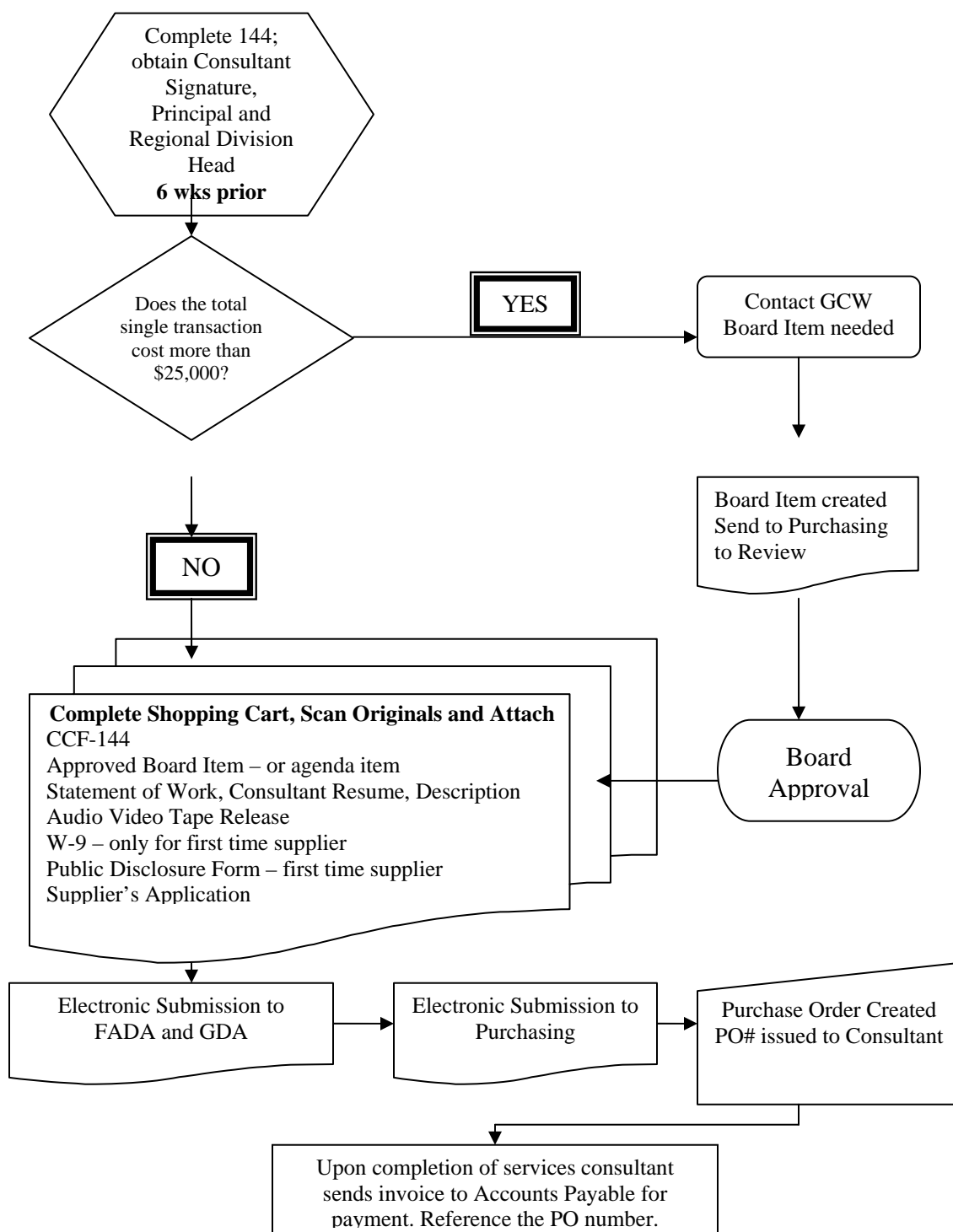
From: Year 06, Object 6647, Account 00864

Charge to: Year 06, Unit 0137, Object 6647, Account XXXXX
Project 00xxxx, Grant 000xxx. (Perkins)

60	days	\$ 90.00	\$ 5,400.00	xxxxx	month	
			\$ 5,400.00			
Benefits	OIM	0.0083	\$ 44.82	xxxxx		
Benefits	FICA	0.0765	\$ 413.10	xxxxx		
Benefits	SUI	0.0005	\$ 2.70	xxxxx		

5.0 Out-of-District Consultants (CCF-144)

5.1 Used to pay non-district employees for services



- 5.2 Skipping over process steps is against Departmental Procedure
- 5.3 Out-of-District Consultants (CCF-144) - Used to pay non-district employees for services

**Checklist for Completing the
Instructional Out-of District Consultant &
Professional Service Form (CCF-144)**

Requestor Checklist:

- ☐ Complete the top portion of the CCF-144 describing services to be provided (page 2 of this PDF).

Attach the following supporting documents completed by supplier:

- ☐ Consultant's Resume
- ☐ Description of program offered and evaluation procedures
- ☐ Audio/Video Taping Release Form (CCF-144.1), if applicable
- ☐ W-9 and Disclosure Forms (Necessary only for suppliers that have not contracted with the District in the past 12 months).
- ☐ If the total dollar value to supplier exceeds \$25,000.00 in a single expenditure, Board approval is required per District Reg. 2310. Attach a draft board item to the CCF-144 for review.
- ☐ If the supplier is currently working or has worked as a District employee within the past 12 months, Board approval is required per District Reg. 4371. Attach a draft board item to the CCF-144. This board item may be combined with the District Reg. 2310 board item above, if both apply.
- ☐ If grant funded, the CCF-144 should be signed by the requestor's Region/Division Superintendent prior to submitting the shopping cart.
- ☐ Notify the supplier of the following:
 - o It is the supplier's responsibility to invoice for payment within 30 days after services have been completed.
 - o The agreement requires the approval of the Region/Division Superintendent before it will be processed.
 - o The agreement may also require Board approval depending on dollar value and if supplier is currently or has been a District employee within the past 12 months.
- ☐ Supplier shall complete Supplier Section of CCF-144 and acknowledge agreement to description of work, payment, terms and conditions by signing the agreement at the bottom of the form.
- ☐ After completing all the steps above, create the shopping cart, scan, and attach all supporting documents.
- ☐ Electronic approval (workflow) will route the shopping cart to the appropriate budget administrator(s) and/or Region/Division Head(s) for approval. Once approved, the shopping cart will be routed to Purchasing for processing or returned to the requestor if not approved.
- ☐ Shopping carts must be submitted and approved by the Region/Division Superintendent at least two weeks prior to the service date and any services being performed.

Note: This online CCF-144 is a 3-page PDF: Page 1 is this Checklist; Page 2 is the CCF-144 form; and Page 3 is the Terms and Conditions page.

5.4 Out-of-District Consultants (CCF-144) Page Two - Used to pay non-district employees for services

9998-500144

Clark County School District – Las Vegas, Nevada
INSTRUCTIONAL-RELATED OUT-OF-DISTRICT CONSULTANT

CCF-144
Rev. 9/08

Services to be performed: _____
Date(s) services to be performed: _____ Location where services will be performed: _____
Total Cost (All costs, including travel and materials): _____ Daily Rate (8 hour equivalent): _____
Number of people impacted by Supplier: _____
Requestor: _____ Title: _____
Department: _____ Phone Number: _____
Are these services available through District personnel? ☐ Yes ☐ No
If yes, attach explanation why District personnel are not being used.
Will Supplier be working directly with students? ☐ Yes ☐ No If Yes, name and title of person(s) directly supervising Supplier: _____
Will Supplier be working on District property? ☐ Yes ☐ No

If yes, insurance may be required (Purchasing will determine and execute if necessary)

In compliance with District Regulation 2310, the following items must be attached. Please **check the boxes** of the items attached to this requisition and agreement.

Mandatory Requirements:

- ☐ 1) Consultant resume
☐ 2) Description of the program (scope of work) offered and evaluation procedures
☐ 3) Audio/Video Taping Release Form (CCF-144.1)

Conditional Requirements:

- ☐ 4) Supplier application packet, necessary if Supplier has not contracted with the District within the past 12 months
(if unknown, call Purchasing)
☐ 5) If total amount to Supplier exceeds \$25,000 in one transaction, or Supplier was a District employee within the past 12 months,
attach draft board item
☐ 6) If cost without materials exceeds \$2,500.00 per day, Region/Division Superintendent signature is required _____
☐ 7) If cost without materials exceeds \$4,000.00 per day, CFO signature is required _____

Supplier Section (To be completed by Consultant/Service Provider)

Supplier/Consultant Name: _____ SSN/Tax ID: _____
Business Name as it appears on W-9 (if different): _____
Mailing Address: _____ Phone: _____
Are you currently a District employee? ☐ Yes ☐ No (If yes, process payment through Payroll on a CCF-5 Authorization for Extra Pay.)
If "No," have you been a District employee within the past 12 months? ☐ Yes ☐ No (If yes, Board approval required per District Regulation 4371.)
Are you now or have you contracted with the District in the past 12 months? ☐ Yes ☐ No (If no, please attach Supplier application packet.)
If yes, please list division/department and amount paid: _____
Are you receiving PERS benefits? ☐ Yes ☐ No

Note: If you are currently receiving PERS benefits, it is your responsibility to contact PERS and verify that this payment will not jeopardize and/or conflict with your benefits.

Budget/Funding Source:

Cost Center/Internal Order Grant or WBS element	FY	GL Account	Fund	Functional Area	Not to Exceed Amount
					\$

If grant funded, approval of requesting school's Region/Division Superintendent:

Name/Title (Print or Type)

Region/Division Superintendent Signature

Date

- ☐ I have read and agree to the terms and conditions of this agreement as expressed within this document, pages 1 and 2. I understand that prior to starting work I must be in receipt of a District purchase order and that payment will be made only after services have been performed. I am responsible for submitting an invoice properly prepared, and payment will be made thirty days after services are performed and submitted invoice has been approved. I further understand that I agree to the indemnity provision (#17) upon signing this agreement.

Name/Title (Print or Type)

Supplier/Consultant Signature/Title

Date

Distribution: Original/White: Purchasing Department 2nd Copy/Yellow: Funding Department 3rd Copy/Pink: Requestor 4th Copy/Goldenrod: Consultant
050 Page 1 of 2



TERMS AND CONDITIONS

CCF-144 Page 2 of 2

1. **Amendment:** No amendment or modification of the contract shall be deemed effective unless and until it is executed in writing by the parties hereto. The only officers with authority to execute an amendment to this contract are Administrators of the District's Purchasing Department.
2. **Applicable Law, Jurisdiction, and Venue:** This contract shall be construed and interpreted according to the laws of the State of Nevada. The venue of any action brought hereunder shall be Clark County, Nevada.
3. **Assignments:** The Supplier shall not assign, transfer nor delegate any rights, obligations or duties under the contract without the prior written consent of the District.
4. **Attorneys' Fees:** The parties agree that in the event of a dispute, each party shall bear its own cost of litigation and attorneys' fees.
5. **Compliance with Applicable Laws:** Supplier shall comply with all applicable statutes, laws, ordinances, codes, order rules, regulations, proclamations, and other governmental requirements; all the aforementioned provisions are incorporated by reference.
6. **Compliance with District Regulations:** Supplier shall comply with all District policies and regulations; these requirements are incorporated by reference.
7. **Conflict of Interest/Nepotism:** Pursuant to Regulation 3310, the District will not enter into a purchase transaction for an amount in excess of \$1,000 with any person related within the third degree of consanguinity or affinity to a member of the Board of School Trustees, or to a person acting as the authorizing official for the District, except as fully disclosed and authorized in advance. Authorizing official means a person who has final authority to administer budgets, or his/her designee. The Supplier must disclose any relationship or affinity with a member of the Board of School Trustees or an authorizing official in writing to an Administrator of the Purchasing Department prior to executing this contract. Failure to properly disclose a relationship will result in termination of the contract and may jeopardize the Supplier's future business dealings/opportunities with the District.
8. **Contract Term:** This contract will become effective as of the date of execution and shall continue in full force and effect until the work has been accepted by the District unless terminated by the District with or without cause, upon giving three calendar days written notice.
9. **Contract Suspension:** The District may suspend performance by Supplier under this contract for such period of time as the District, at its sole discretion, may prescribe by providing written notice. The District shall pay the Supplier its compensation, based on work completed. Supplier shall not perform further work under this contract after the effective date of suspension until receipt of written notice from the District to resume performance.
10. **Contract Termination:** The District may, without cause, order the Supplier, in writing, to terminate the Work in whole or in part. Upon receipt of written notice the Supplier shall immediately cease all work, preserve and prepare the partially completed work to be turned over to the District along with the Supplier's final billing. The District shall be liable for charges for work that was performed prior to receipt of the termination notice. No allowance will be permitted for anticipated profits.
11. **Cooling Off Period:** The District may not enter into any contract arrangement, directly or indirectly, with any employee or former employee for a period of one year from the date of termination of employment other than as a member of a bargaining unit or as a substitute employee, unless, (1) there is full disclosure of the nature and extent of the employee or former employee's interest in the matter, and (2) the contract is noticed and acted upon in an open session before the Trustees and approved by a majority of the Trustees.
12. **Controversies and Claims Subject to Arbitration:** Any controversy or claim arising out of or related to the contract, or breach thereof shall be settled by arbitration, unless the District, at its sole option, rejects arbitration by so notifying the Supplier. If the District rejects arbitration, the Supplier shall have 30 days from the date of receipt of the notice of rejection to commence litigation by the service of a summons and complaint upon the District. Failure to effect service upon the District within said time period shall act as a bar to litigation of the claim, which was the subject of the request for arbitration. If the matter is arbitrated, the District shall designate whether the rules of the American Arbitration Association or the rules of the Nevada Arbitration Association shall apply. The courts of Nevada may enter judgment upon such awards.
13. **Entire Agreement:** This contract constitutes the entire agreement between the parties.
14. **Expenses:** In the event that the District agrees to pay the Supplier's expenses directly related to this work the following parameters shall apply: no overhead and/or profit shall be permitted; Supplier shall only receive reimbursement in amounts that are consistent with the District's current guidelines.
15. **Fee Schedule:** The District shall pay for services at the specified rate as indicated on this form. Modifications to this amount must have prior approval of the Purchasing Department. The Supplier shall bill monthly in arrears after service(s) or portion of services are properly completed. Payment(s) shall be made monthly within 30 days after receipt of a properly prepared and correct invoice sent to: Clark County School District: attention requesting department.
16. **Immunity Data Generation:** The District, its officers, and employees shall be immune for any breach of this contract caused by an incorrect date being produced, calculated or generated by a computer or other information system that is owned or operated by the District, its officers, or employees, regardless of the cause of the error.
17. **Indemnification:** The Supplier agrees to indemnify and hold harmless the District, its officers, and employees, from and against all liability, claims, demands, and expenses, including court costs and attorney fees, on account of any injury, loss, or damage, which arises out of the work to be performed under this contract, if such injury, loss, or damage is due to the negligence of the Supplier, any subcontractor of the Supplier, or any officer, employee, or agent of the Supplier.
18. **Intellectual Property:** Any drawings, written reports or other works made by the Supplier shall be considered works for hire and become the property of the District. Any such works shall not be stamped with the Supplier's proprietary markings.
19. **No Third Party Rights:** This contract is made for the benefit of the District and the Supplier, and not for any outside party.
20. **Non-Endorsement:** As a result of the selection of the Supplier to furnish services, the District is neither endorsing nor suggesting that the Supplier's service is the best or only solution. The Supplier agrees to make no reference to the District, in any literature, promotional material brochures, sales representations, or the like, without the express written consent of the Director of Purchasing and Warehousing.
21. **Notices:** Any notice required to be given under this contract or any amendments thereof shall be sent by certified mail to the District's Purchasing Department.
22. **Records:** The books, records, and documents of the Supplier relevant to this contract shall be subject to inspection, examination and/or making excerpts or transcripts by the District.
23. **Relationship:** The parties agree that the Supplier is an independent contractor; and is not a District employee. There shall be no withholding of income taxes by and/or industrial insurance coverage provided by the District, participation in group insurance plans which may be available to employees of the District, participation or contributions by either the Supplier or the District to the public employees retirement system, accumulation of vacation leave or sick leave, nor unemployment compensation coverage provided by the District.
24. **Scope of Work:** The Supplier will provide the services as indicated on this form or incorporated by a separate statement of work. Work shall be done in a good and workman-like manner and in accordance with industry standards. Any Supplier personnel assigned shall be fully qualified to perform the work.
25. **Severability:** It is mutually agreed that all of the terms, covenants, provisions, and agreements contained herein are severable: and that in the event any of them shall be held to be invalid by a competent court or arbitrator, this contract shall be interpreted as if such invalid term, covenant, provision or agreement were not contained herein.
26. **Subcontracting:** No work may be subcontracted without the prior written approval of the District, which shall not be unreasonably withheld.
27. **Supplier Suitability:** By signing this agreement the Supplier certifies it has never been convicted of, nor has any charges pending as defined herein: felony as defined in NRS 179C.010, sex- or drug-related charge as defined in NRS 179A.280, NRS 179C.010, or NRS 179D.620, or crime against a child as defined in NRS 179D.210, or offenses that pose a threat to the safety or well-being of others as defined in NRS 179D.060.
28. **Waiver:** No waiver or any breach of this contract, or any of the terms or conditions hereof, shall be held to be a waiver of any other subsequent breach; nor shall any waiver be valid or binding unless the same shall be in writing and signed by the party alleged to have granted the waiver.
29. **Warranty:** Supplier warrants that the work shall be performed with that degree of skill, care, and judgment customarily accepted as sound and quality practice and procedure. Supplier also warrants that the work fulfills the requirements and intent of the contractual agreement inclusive of the Supplier's proposal. If the work fails to meet these criteria and/or is in the judgment of the District to be inadequate the Supplier shall re-perform the work or portion that is unsatisfactory at no cost to the District.

5.5 Out-of-District Consultants (CCF-144.1) - Used to pay non-district employees for services

9998-501441

CCF-144.1
11/00

CLARK COUNTY SCHOOL DISTRICT-- LAS VEGAS, NEVADA
AUDIO/VIDEO TAPING RELEASE

Presenter: _____

Title of Presentation: _____

Date of Presentation: _____

_____ I give the Clark County School District permission to audio/video tape my presentation. I will receive no additional compensation for the tape(s) produced.

CCSD agrees that the tape(s) will be used only for instructional and/or training purposes within the district and will not be marketed for profit. A copy of the tape(s) will be provided to the presenter, if requested.

_____ I do not give the Clark County School District permission to audio/video tape my presentation.

Signatures:

Presenter

CCSD Representative

Date

CCSD Division and Telephone Number

- Scan in Shopping cart if applicable

5.6 W-9 Form – Required for First Time Suppliers

Form W-9 (Rev. January 2005) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.																																													
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)																																														
	Business name, if different from above																																														
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding																																														
	Address (number, street, and apt. or suite no.)																																														
	City, state, and ZIP code																																														
	Requester's name and address (optional)																																														
	List account number(s) here (optional)																																														
Part I Taxpayer Identification Number (TIN)																																															
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>																																															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Social security number</td></tr><tr><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td></tr><tr><td colspan="9" style="text-align: center;">or</td></tr><tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr><tr><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td></tr></table>			Social security number																		or									Employer identification number																	
Social security number																																															
or																																															
Employer identification number																																															
Part II Certification																																															
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none">The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), andI am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, andI am a U.S. person (including a U.S. resident alien). <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)</p>																																															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Sign Here</td><td style="width: 50%;">Signature of U.S. person ▶</td></tr><tr><td></td><td>Date ▶</td></tr></table>			Sign Here	Signature of U.S. person ▶		Date ▶																																									
Sign Here	Signature of U.S. person ▶																																														
	Date ▶																																														
Purpose of Form																																															
<p>A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none">Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),Certify that you are not subject to backup withholding,orClaim exemption from backup withholding if you are a U.S. exempt payee. <p>Note. If a requester gives you a TIN, you must substantially similar to the one you are giving.</p> <p>For federal tax purposes, you are:</p> <ul style="list-style-type: none">An individual who is a citizen or resident of the United States,A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, orAny estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information. <p>Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).</p> <p>Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient becomes a U.S. resident alien for tax purposes.</p> <p>Resident alien who is relying on an exemption. If you are a resident alien who is relying on an exemption from U.S. tax on certain types of income, you must use Form W-9 that specifies the exemption.</p> <p>Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.</p> <ol style="list-style-type: none">The treaty article addressing the income.The article number (or location) in the tax treaty that contains the saving clause and its exceptions.																																															

5.7 Public Disclosure Form – Required for First Time Suppliers - Used to pay non-district employees for services



**Clark County School District
PUBLIC DISCLOSURE FORM**

Company/Individual's Name _____

Federal Tax Identification/Social Security Number _____

1. Unless otherwise indicated, I certify that I am not currently an employee of the Clark County School District (District) nor have I been an employee of the District within the past year.
2. If the person performing the work was a previous District employee and is self-employed or is an owner or part owner in the company they work for, information must be provided, as follows:
Dates employed with the District: _____, Position held _____
Employment terminated on _____.
3. Unless otherwise indicated, I certify that the officers of this company are neither currently employees of the District nor have they been employees of the District within the past year. Please complete the form below. Additional sheets may be attached if necessary. Write "none" if applicable.

Employee Name	Company Position	Current CCSD Employee?	Separation Date if former employee

4. I certify that I have listed all personal relationships and financial interests between the company, company officers, and key employees with current and former District Board of Trustees and current and former District authorizing officials.
5. Please complete the form below. Additional sheets may be attached if necessary. Write in none if applicable.

Company/Employee	Position	District Official/Trustee	Relationship/Interest

5. I hereby acknowledge that failure to disclose all facts relative to a conflict or potential conflict of interest with regard to my contract/agreement with the Clark County School District may result in termination of said contract/agreement.
6. District Regulations are listed on the District's web-site at www.ccsd.net.

Individual or Authorized Company Representative	Signature _____
	Title _____ Date _____

- Vendor completes
- Scan and attach to shopping cart


TO BE COMPLETED BY THE DISTRICT

Approval Required	Signature/Reference	Date
<input type="checkbox"/> Board of Trustees		
<input type="checkbox"/> Deputy Superintendent/Operations		
<input type="checkbox"/> Not Required		

Revised August 2009

PUR-F0003, Rev. A

5.8 Suppliers Application/Update Form – Required for First Time Supplies

Supplier's Application/Update Form Purchasing Department, 4212 Eucalyptus Avenue, Las Vegas, NV 89121 Telephone (702) 799-5225 Fax: (702) 799-5018		
<u>MAIN Business Name & Address (As it appears on W-9):</u> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-Mail Address: _____ Web Site Address: _____ Contact Person: _____	<u>Fed Tax ID Number:</u> _____ <u>Do You Accept Fax Orders?</u> Yes _____ No _____ <u>Terms and Conditions:</u> <input type="checkbox"/> Agree to the CCSD Terms and Conditions. <u>Type of Industry - NAICS coding:</u> North American Industry Classification System- http://www.naics.com _____ <u>Ownership-Status of Business: (check all that apply)</u> Info used for reporting requirements only <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Small Business (SBA size standards- www.sba.gov) <input type="checkbox"/> Large Business <input type="checkbox"/> Not for Profit <input type="checkbox"/> Government <input type="checkbox"/> Local (formed/headquartered in Clark County, NV) <input type="checkbox"/> Physically Challenged / Disable Owned (51% or more owned & managed by disabled) <input type="checkbox"/> Women Owned (51% or more owned & managed by women) <input type="checkbox"/> Minority Owned (51% or more owned & managed by minority person – if yes, check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian – Pacific American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disabled Veteran Owned Has your company been certified as a minority owned, women owned, physically challenged owned, or small business enterprise? Yes _____ No _____ <i>If yes, please complete the following::</i> Cert. Agency: _____ State Issued: _____ Certification #: _____	
<u>DBA (Doing Business As) – If Different From Main Name:</u> Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-Mail Address: _____ Web Site Address: _____ Contact Person: _____	<u>Remit To - Exactly as it shows on Invoice:</u> Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____	
<u>BY SIGNING THIS FORM YOU ARE CERTIFYING THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. The completed form, when signed, constitutes a self-certification as to size, minority, and/or women owned status.</u> Name of Person Authorized To Sign (Please Print): _____ Title: _____ SIGNATURE: _____ DATE: _____		
<u>Purchasing Internal Use Only:</u> Buyer's Initials and Date Received from supplier: _____ Supplier Maintenance: Initials and Date Entered into the Master Data: _____		

- Supplier/Consultant completes
- Scan and attach to shopping cart

5.9 Suppliers Application/Update Form – Required for First Time Supplier’s

PURCHASE ORDER TERMS AND CONDITIONS

Acceptance: This order is merely an offer to purchase and is not an acceptance of any other offer or the confirmation of an existing contract. No reference herein to Supplier's quotation, bid, proposal or any other document prepared by Supplier shall constitute District's acceptance of any term or condition contained in such document. Delivery by Supplier of goods or services covered by this order or the commencement of performance by Supplier of the work covered by this order shall be deemed as acceptance by Supplier of this offer.

Applicable Law, Jurisdiction and Venue: This contract shall be construed and interpreted according to the laws of the State of Nevada. The venue of any action brought hereunder shall be Clark County, Nevada.

Attorneys Fees: The parties agree that in the event of a dispute, each party will bear its own cost of litigation and attorneys' fees.

Cancellation or Default: The District reserves the right to cancel this order for its convenience or default. In the event of a breach by the Supplier of any of the provisions of this contract, the District reserves the right to cancel and terminate this order forthwith upon giving written notice to Supplier. Supplier shall be liable for damages suffered by District resulting from Supplier's breach of contract.

Changes: No alteration in any of the terms, conditions, delivery, price, quality, or specifications of this order will be effective without written consent of the District's Purchasing Department. Substitutions of like or similar items are not allowed without written consent from the Purchasing Department and a confirming change order to the original purchase order. The District reserves the right to increase or decrease the quantity of ordered items, or may purchase all of the order or any part of the order, as determined by the District.

Compliance with Applicable Laws: Supplier shall comply with all applicable statutes, laws, ordinances, codes, orders, rules, regulations, proclamations, and other governmental requirements, and all provision required thereby to be included in this order are incorporated by reference.

Compliance with FERPA: In the event that the District shares education records with the Supplier, the following provision shall apply. Supplier is a contractor or outside service provider with whom the District has outsourced institutional services or functions that it would otherwise use employees to perform. For purposes of the Family Educational Rights and Privacy Act (FERPA), Supplier constitutes a school official with a legitimate educational interest in obtaining access to education records, and will only have access to those particular education records in which they have a legitimate educational interest. Supplier shall be under the direct control of the District with respect to the maintenance and use of personally identifiable information from education records provided under this Agreement. Supplier is subject to the same conditions on the use and re-disclosure of personally identifiable information from education records that govern other school officials, including 34 C.F.R. § 99.33 and the requirements established by the District.

Conflict of Interest/Nepotism: The Supplier is hereby put on notice, by this clause, that it is his/her responsibility to disclose any relationship or affinity with a Board of School Trustee or an Authorizing Official in writing to the Director of Purchasing & Warehousing. Failure to properly disclose such relationship will result in termination of the purchase contract and may jeopardize the Supplier's future business with the District.

Conflicting Terms: The above terms and conditions may only be modified by the District with the exception of clauses which may be in conflict with any specification, bid, proposal, or contract pertaining to this project. Specification, bid, proposal, or contract terms and conditions will take precedence.

Controversies and Claims Subject to Arbitration: In the event of a dispute, the District's Purchasing Department will schedule a meeting with the Supplier to attempt to mediate and resolve any outstanding claims or disputes prior to initiating a request for arbitration (or commencing litigation). If through good faith efforts the matter is not resolved within fourteen (14) working days after the scheduled meeting, the parties may agree to continue mediation or may decide to proceed with the formal resolution process set forth herein.

Cooling Off Period: The District may not enter into any contract, directly or indirectly, with any employee or former employee for a period of one year from the date of termination of employment other than as a member of a bargaining unit, or as a substitute employee, unless (1) there is full disclosure of the nature and extent of the employee's or former employee's interest in the matter, and (2) the contract is noticed and acted upon in an open session before the Board of School Trustees and approved by a majority of the Trustees.

Delivery: For any exception to the delivery date as specified on this order, Supplier shall give prior notification and obtain approval thereto from District's Purchasing Department. With respect to delivery under this order, time is of the essence and the order is subject to termination for failure to deliver on time.

The acceptance by District of late performance with or without objection or reservation shall not waive the right to claim damage for breach, nor constitute a waiver of the requirements for the timely performance of any obligation remaining to be performed by Supplier.

Force Majeure: Neither party shall be liable for failure or delay in performance under this order due in whole or in part to an act of God, strike, lockout or other labor dispute, civil commotion, sabotage, fire, flood, explosion, acts of any government, unforeseen shortages or unavailability of fuel, power, transportation, raw materials or supplies, inability to obtain or delay in obtaining governmental approvals, permits, licenses or allocations, or any other causes which are not within such party's reasonable control, whether or not of the kind specifically enumerated above. During any period of Supplier's inability to perform, Buyer may acquire from others, without incurring liability to Supplier, said required goods or services.

Formal Dispute: In the event that mediation is unsuccessful, the controversy or claim arising out of or related to the Agreement, or the breach thereof, shall be settled by arbitration, unless the District, at its sole option, rejects arbitration by so notifying the Supplier. If the District rejects arbitration, the Supplier shall have thirty (30) days from the date of the receipt of the notice of rejection to commence litigation(s) by the service of a summons and complaint upon the District. Failure to effect service upon the District within said time period shall act as a bar to litigation of the claim, which was the subject of the request for arbitration. If the matter is arbitrated, the rules of the American Arbitration Association shall apply. Judgment on such awards may be entered by Nevada courts. The parties agree that no attorney fees may be awarded by any arbitrator to any party or sub-party that arise out of or relate to any and all claims, and other claims and disputes pertaining to the Agreement (in any case).

Identification: All invoices, packing lists, packages, boxes, shipping notices, and other written documents affecting this order shall contain the applicable order number. Packing lists shall be enclosed in each and every box or package shipped pursuant to this order, indicating the content therein. Invoices will not be processed for payment until all items invoiced are received. The contents of each package or box shall contain items for one purchase order only. Each purchase order shall be packaged and invoiced separately. Do not combine purchase orders on packing lists or packages.

Infringements: Supplier agrees to protect and hold harmless the District against all claims for patent, trademark, copyright, or franchising infringement arising from the purchase, installation, or use of material ordered on this order, and to assume all expense and damage arising from such claims.

Invoices: An original and one copy of the invoice are required for payment, and shall reference the appropriate purchase order number and include the Supplier PTIN. Invoices should be mailed to the Accounts Payable Department at Clark County School District, 2832 E. Flamingo, Las Vegas, Nevada 89121 unless otherwise directed.

Invoices and Prompt Payment Discounts: In the event the District is entitled to a cash discount, the period of computation for said discount or for other specified payment periods shall commence on the date of receipt of the merchandise or service or receipt of a corrected completed invoice, whichever is later.

Non-Discrimination: The parties agree to be bound by applicable state and federal rules governing Equal Employment Opportunity and non-discrimination.

No Third Party Rights: This contract is made for the benefit of the District and the Supplier, and not for any outside party.

Rejection: All goods or materials purchased herein are subject to approval by the District. Any rejection of goods or material resulting because of non-conformity to the terms, conditions, and specifications of this order, whether held by District or returned will be at the Supplier's risk and expense.

Shipping Instructions: Each invoice for shipping charges shall contain the original or a copy of the bill indicating that total payment for shipping has been made. The District will not accept C.O.D. deliveries. Twenty-four hour advance notification is required for all large deliveries exceeding 10 pallets or 8,000 pounds. Notification may be faxed to 702-799-3391 or called in to 702-799-5463.

Supplier's Liability: Supplier assumes the entire responsibility and liability for losses, expenses, damages, demands, and claims in connection with or arising out of any personal injury or alleged personal injury (including death), and/or damage or destruction or alleged damage or destruction to property sustained or alleged to have been sustained in connection with or to have arisen out of the performance of the work by Supplier, its agents, and employees. Supplier shall indemnify and hold harmless the District, its officers, agents, and employees from any and all liability for such losses, expenses, damages, demands, and claims, and shall defend any suit or action brought against any or all of them based on any alleged personal injury or damage, and shall pay any damage costs and expenses including attorneys' fees, in connection with or resulting from such suit or action.

Taxes: The District is exempt from Nevada State sales tax as provided by NRS 372.325, NRS 374.330, and NRS 377 when applicable. The District's Federal Tax Identification Number is 88-6000030.

Uniform Commercial Code: Article 2 of the Uniform Commercial Code, including but not limited to, all rights, obligations, remedies and warranties set forth therein, shall apply to this order regardless of whether it covers services, the leasing of goods or any other transaction not expressly within the scope of Article 2.

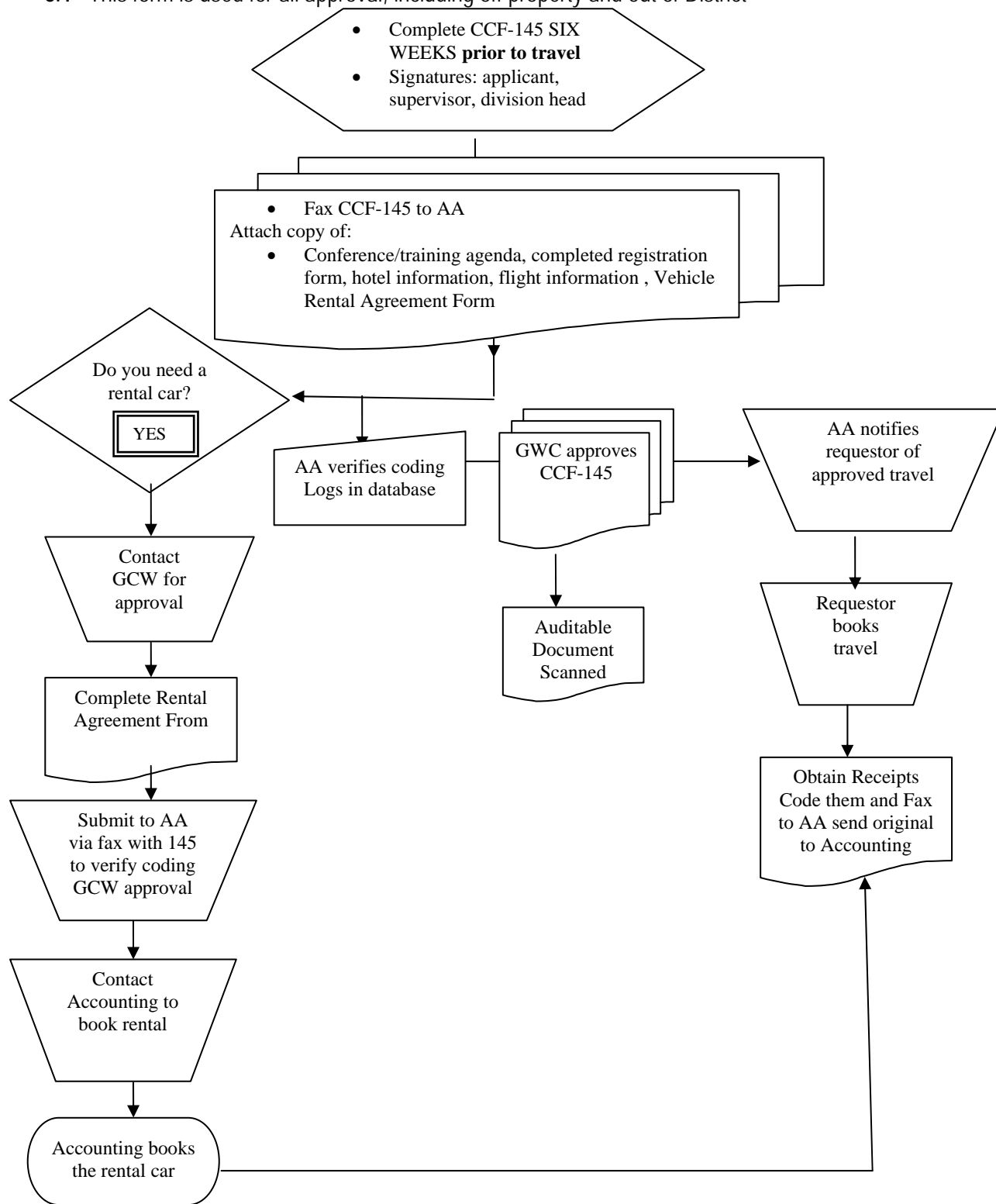
Use by Other Government Entities: Nevada Revised Statutes 332.195 states that local governments and the state of Nevada may use the contracts of other local governments of Nevada, if approved by the successful Bidder. The local government that originally awarded the contract is not liable for the obligations of the local government that uses the contract.

Warranty: Supplier warrants articles supplied under this order conform to specifications herein and are fit for the purpose for which such goods are ordinarily employed.

- Terms and Conditions of Supplier's Application
- Scan and attach to shopping cart

6.0 Out of District Travel Request Flow Chart for CCF-145

6.1 This form is used for all approval, including off property and out of District



6.2 Out of District Travel Request CCF-145-This form is used for all travel approval

9998-500145

CCF-145
Rev. 7/93

CLARK COUNTY SCHOOL DISTRICT
OUT-OF-DISTRICT TRAVEL REQUEST

TO: <u>Diane Efthimiou</u>		DATE: <u>10/11/04</u>	
FROM: <u>Jane Doe</u>		DATE(S) REQUESTED: <u>11/3, 11/4</u>	
REASON: <u>Conference</u>		SOC. SEC. # <u>555-55-5555</u>	
DESTINATION: <u>San Diego, CA</u>		ESTIMATED TOTAL EXPENDITURE: \$ <u>800.00</u>	
Source of Funds:	Budget Unit <u>xxxx</u>	Fiscal Year <u>FY05</u>	Account <u>xxxxx</u> Object <u>xxxx</u>
	Project <u>xxxxxx</u>	Fund <u>xxxx</u>	Grant <u>xxx</u>
Substitute Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Authorized by: _____			
APPLICANT _____		<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	
SUPERVISOR _____		DISTRIBUTION: White - Supervisor (with action noted) Canary - Applicant (with action noted) Pink - Applicant	
DIVISION HEAD _____			
001			

- Complete and submit CCF-145 **at least 6 weeks** prior to travel
- Enter correct coding
- Have all required signatures
- applicant, supervisor, division head
- Attach **ALL** related documents to the request
 - Conference/training agenda, completed registration form, hotel information, flight information, and/or car rental, if applicable
- Fax to AA
- AA will call to inform requestor of approved travel
- Requestor books travel
- Attach original to CCF-174

6.3 Out of District Travel Request Vehicle Rental Request Form

CLARK COUNTY SCHOOL DISTRICT
VEHICLE RENTAL REQUEST FORM

Name: _____ Email: _____
 Location: _____ Phone: _____
 Signature: _____ Date: _____
 Purpose of Travel: _____

Please complete the following applicable information:

Business Area	GL Account	Cost Center	WBS Element	Internal Order	Fund	Functional Area
	Check One: 5580000000 5519000000					

Vehicle Rental Company Accounting Use Only
☐ Enterprise ☐ National ☐ Hertz

Vehicle Pick-up Location: _____
 Vehicle Drop-off Location: _____

Pick-up Date:			Pick-up Time:			Return Date:			Return Time		
Day	Month	Year	Hour	AM	PM	Day	Month	Year	Hour	AM	PM

Total Number of Vehicles Requested: _____ Total Number of Passengers: _____

Car Type Check one of the following:
☐ Compact ☐ Economy ☐ Midsize ☐ Full-size ☐ Intermediate ☐ Minivan ☐ Sports Utility
 The maximum Passengers allowed in a rental vehicle are 7 including the driver. 15 Passenger Vans are not allowed.

Driver Number 1 Information:
 First Name: _____
 Last Name: _____
 Email Address: _____

Driver Number 2 Information:
 First Name: _____
 Last Name: _____
 Email Address: _____

Only Clark County School District Employees are allowed to drive the vehicles.
Additional drivers must be added at the pick-up location.

To be completed by Accounting or the Purchasing Department

Central Bill #	Contract ID#	Billing Reference
Reservation #1	Reservation Date	Reservation Cancel Date
Reservation #2	Reservation Date	Reservation Cancel Date
Reservation #3	Reservation Date	Reservation Cancel Date

Fax this completed form to the Accounting 799-5396 or Purchasing 799-5504.
Attach a copy of CCF-145

- Obtain approval for rental from GCW
- Complete form
- Fax to AA for verification/approval GCW
- Fax to Accounting
- Fax coded receipts for rental to AA
- Send Original to Accounting
- Keep a copy and attach to CCF-174

6.4 Out of District Travel Request Flow Chart for CCF-145

6.5 Out of District Travel Request

6.5.1 Upon return submit a typed CCF-174

6.5.2 Attach **original itemized** receipts, copies not accepted

6.5.3 Attach original CCF-145

6.5.4 Allowable expenses:

6.5.4.1 Hotel, Parking, transportation, per diem

6.5.5 Unallowable expenses:

6.5.5.1 Tips, personal phone calls

6.5.6 Car rental is ONLY allowed when shuttle services are not provided

6.5.7 You must obtain written approval from Associate Superintendent to take a credit card when traveling

6.6 Attach the following applicable original receipts to the CCF-174

6.6.1 CCF-145

6.6.2 Agenda

6.6.3 Registration

6.6.4 Itinerary

6.6.5 Hotel Receipts

6.6.6 Transportation

6.6.7 Parking

6.6.8 Copy of any receipts paid with a district purchasing card

6.7 Per Diem Rates – Increased as of October 2009.

CLARK COUNTY SCHOOL DISTRICT
FINANCE AND OPERATIONS DIVISION
Accounting Department

DATE: October 10, 2007
TO: All Departments
FROM: James McIntosh
Director of Accounting
SUBJECT: CCSD Regulation 3511

Last night the CCSD Board of School Trustees approved changes to CCSD Regulation 3511, *Travel by District Employees*. One of the more significant changes of this regulation was to the District's current per diem rates for meals which were modified due to legislation adopted in the 2007 Nevada Legislative Session.

The per diem rate for meals is no longer a single fixed rate and travelers shall now receive reimbursement at a rate comparable to the rates established by the US General Services Administration (GSA) for their primary destination. The District is also now allowing for a fixed reimbursement of daily incidental expenses as authorized by the GSA. All daily meals and incidental expenses (M&IE) are established by country, state, county or city with the first and last day of travel now reimbursed at 75% of the daily M&IE allowance. It no longer matters when you depart or arrive in determining your per diem.

Please refer to the GSA's website www.gsa.gov and select the link under the heading "Travel Resources" titled "Per Diem Rates" for more information. From here, you can search the map for your primary destination to determine your daily reimbursable amount or you can download all fiscal year 2008 per diem rates by state/city/county in an Excel file. The column titled M&IE rate is the total daily rate for meals and incidentals. For a further breakdown of the daily rate, please select the link on the left side of the screen titled "Meals and Incidental Expense Breakdown." Please note there is a separate link for foreign travel.

These rates and rules now apply to all travel occurring on or after October 10, 2007. The current form for travel reimbursement, the CCF-174, will be updated shortly. In the meantime, please continue to use the old version of the form until the revised form is available. If you have any questions, please contact Kelly Jimenez in the Accounts Payable Department at 799-5360, x5333 or Jan Hodges at x5332.

PER DIEM RATES
through SEPTEMBER 2010
(effective OCTOBER 1, 2009)

If neither the city nor the county is listed, the location is a standard **CONUS** destination with a rate of **\$46.00** for Meals and Incidental Expenses (**M&IE**). **Itemized Receipts for meals purchased are NOT required.**

M&IE	\$46.00	\$51.00	\$56.00	\$61.00	\$66.00	\$71.00
BREAKFAST	\$ 7.00	\$ 8.00	\$ 9.00	\$10.00	\$11.00	\$12.00
LUNCH	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$18.00
DINNER	\$23.00	\$26.00	\$29.00	\$31.00	\$34.00	\$36.00
INCIDENTAL	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
TOTALS	<u>\$46.00</u>	<u>\$51.00</u>	<u>\$56.00</u>	<u>\$61.00</u>	<u>\$66.00</u>	<u>\$71.00</u>

Allowable **PER DIEM** for the **FIRST** and **LAST** days of **Travel** is **75%** of the total. If gone for two days only, the total allowable per diem would be **75%** for **EACH** day. When traveling more than two days, use the above Per Diem rates for all interim dates. A **"continental breakfast"** is considered a full meal and a breakfast per diem allotment will not be allowed. See below for **75% RATES**:

75%	<u>\$34.50</u>	<u>\$38.25</u>	<u>\$42.00</u>	<u>\$45.75</u>	<u>\$49.50</u>	<u>\$53.25</u>
------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**** SAME DAY TRAVEL = NO "OVERNIGHT" STAY ****

On any Travel when there is NO "OVERNIGHT" STAY, the District will no longer supply a Per Diem allotment for either In-District or Out-of-District Conferences. Refer to District Regulation #3511 #E for complete details.

For further information regarding **PER DIEM RATES**, refer to the following website:

<http://www.gsa.gov>

**If you continue to have questions, call Accounts Payable at
799-5360: ext 5332 or 5333**

*** CCSD SCHOOL REGULATIONS STILL APPLY *²⁷**

6.8 Mileage/Travel/Expense Claim (CCF-174)

EXHIBIT #5: TRAVEL "FLEW to CONFERENCE"

9998-500174

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
See Instructions On Page 3

CCF-174
Rev. 02/09

EMPLOYEE NAME WILLIAM T. EMPLOYEE **DO NOT TYPE NICK-NAMES LIKE BILL - WILL - TOM**					
CONTACT NAME/PHONE # JAN HODGES 799-5360 x 5332		PERSONNEL IDENTIFICATION NUMBER 123456		WORK LOCATION CODE 060	
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) 1234 Household Lane, Las Vegas, NV 89166 (Do NOT type school or department address)					
PURPOSE OF TRAVEL OR EXPENSE AVIS CONFERENCE/SAN DIEGO, CALIF					
CLASSIFICATION: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense <input type="checkbox"/> Travel Advance					
<input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20____ <input checked="" type="checkbox"/> Special trip (out of county) LEAVE (time, date) 10/25/2009 6:30 a.m. RETURN (time, date) 10/27/2009 8:45 p.m.					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
10/25/09	SOUTHWEST AIRLINES		135.23		
10/25/09	HOWARD JOHNSON'S		367.23		
10/25/09	CONFERENCE REGISTRATION		250.00		
10/25/09	AVIS RENT-A-CAR		96.28		
10/25/09	PER DIEM (75% of \$71.00)	53.25			
10/26/09	PER DIEM (B=\$12.00 L=\$18.00 D=\$36.00 I=\$5.00)	71.00			
10/27/09	PER DIEM (75% of \$71.00)	53.25			
10/27/09	FUEL for RENT-A-CAR		23.21		
10/27/09	SELF-PARKING at McCARRAN AIRPORT			42.00	
	DOCUMENTS REQUIRED:				
	CCF-145 AUTHORIZATION FOR TRAVEL				
	AIRLINE, HOTEL, & CONF ITEMIZED RECEIPTS				
	RENTAL CAR, FUEL & PARKING ITEMIZED RECEIPTS				
Page 1 TOTALS		\$177.50	\$871.95	\$42.00	0.00
Page 2 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$177.50	\$871.95	\$42.00	0.00
55 cents per mile x 0.00 = \$0.00					
Cost Center, Internal Order, Grant, WBS (Select One)		Fund	G/L Account	Functional Area*	
CODING ESSENTIAL					
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE		DATE	AMT. REQUESTED IN ADVANCE \$		
SUPERVISOR'S SIGNATURE		DATE	AMT. CLAIMED (ATTACH RECEIPTS) \$		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 219.50		
			BALANCE DUE CCSD \$		

NOTE: In all cases of payment the employee's Personnel Identification Number is required before payment can be issued.
060 *Functional Area is only required when using an Internal Order or Grant.

CCSD
CLARK COUNTY
SCHOOL DISTRICT

6.8 Mileage/Travel/Expense Claim (CCF-174)

9998-500174

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Page 3

CCF-174
Rev. 2/08[illegible]

NOTE: In all cases of payment the employee's Personnel Number must be entered before payment can be issued.



MILEAGE / TRAVEL / EXPENSE CLAIM

INSTRUCTIONS FOR USING FORM

Refer to Clark County School District Policy and Regulation 3511 for additional information.

Upon completion, please forward to the Accounts Payable Department for processing.

Travel expense reimbursements and expense claim follow-up documents must be submitted within 5 business days after completion of travel.

Mileage allowances must be submitted within 90 days after the earliest trip and by the end of the fiscal year (June 30th) for travel within that fiscal year.

Attempts should be made to place all legitimate expenses for lodging, transportation, communications and handling of business-related materials which occur during District-authorized travel on a CCSD purchasing card. Reimbursable expenses not placed on the purchasing card will be paid upon submission of original and itemized receipts. When no receipt is available, a detailed memo explaining the purchase is required.

Travel expenses must be at least \$100 to obtain an advance. Advance requests must be sent to the Accounts Payable office at least 30 days prior to the event. Travel expense reimbursements and expense claim follow-up documents must be submitted within 5 business days after completion of the trip.

If an employee chooses to use a personal vehicle for travel, reimbursement will be made at the lesser of 50.5 cents per mile or the lowest cost airfare as determined by the Accounting Department. Comparison documentation for both must be provided by the traveler.

The claim must be legible (typed form preferred), and must include your legal name (the name on file with the payroll department) or your form will be returned.

Reimbursements can only be claimed for costs incurred for oneself. There are no reimbursements for tips or valet parking.

THE SITE ADMINISTRATOR RESPONSIBLE FOR THE CHARGES COMPLETES THE COST OBJECT CODING (e.g. Cost Center, Internal Order, WBS, or Grant). PLEASE REFER TO BUDGET INQUIRY TO DETERMINE THE APPROPRIATE COST OBJECT.

PER DIEM RATES: Travelers shall receive reimbursement at a rate comparable to the rates established by the US General Services Administration (GSA) for their primary destination. Meals and incidental expenses (M&IE) are established by state/city/county and vary by season. The first and last day of travel will be reimbursed at 75% of the M&IE allowance. Refer to the GSA's website <http://gsa.gov> and select the link "Per Diem Rates" for more information.

Per diem will not be paid for meals included in the conference or meeting. Please include the conference itinerary along with this form, highlight the meals provided, and adjust per diem accordingly. For itemized reimbursable amounts for each meal (breakfast, lunch, and dinner) and incidental expenses, please refer to <http://gsa.gov> and select the link "Meals and Incidental Expense Breakdown" for more information.

EXHIBIT #4: MILEAGE UNDER THE ALLOWABLE AMOUNT FOR PROCESSING

CCF-174
Rev. 02/09

EMPLOYEE NAME WILLIAM T. EMPLOYEE **DO NOT TYPE NICK-NAMES LIKE BILL - WILL - TOM**					
CONTACT NAME/PHONE # JAN HODGES 799-5360 x 5332		PERSONNEL IDENTIFICATION NUMBER 123456		WORK LOCATION CODE 060	
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) 1234 Household Lane, Las Vegas, No Las Vegas, NV 89166 (Do NOT type school or department address)					
PURPOSE OF TRAVEL OR EXPENSE District related mileage					
CLASSIFICATION: <input type="checkbox"/> Travel <input checked="" type="checkbox"/> Other Expense AUGUST <input type="checkbox"/> Travel Advance <input checked="" type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20____ <input type="checkbox"/> Special trip (out of county) LEAVE (time, date) _____ RETURN (time, date) _____					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
8/5/09	cpd to admin center				5.30
8/5/09	flamingo office to admin center				6.30
	**NOTICE THE TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT IS UNDER THE ALLOWABLE AMOUNT REQUIRED FOR PROCESSING UNDER CCSD TRAVEL REG. #3511. THIS CLAIM WILL BE RETURNED TO THE EMPLOYEE WITH A COVER LETTER FOR EXPLANATION.				
	Page 1 TOTALS	\$0.00	\$0.00	\$0.00	11.60
	Page 2 TOTALS	0.00	0.00	0.00	0.00
	TOTALS	\$0.00	\$0.00	\$0.00	11.60
	55 cents per mile x 11.60 = \$6.38				
Cost Center, Internal Order, Grant, WBS (Select One)		Fund	G/L Account	Functional Area*	
CODING ESSENTIAL					
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE		DATE	AMT. REQUESTED IN ADVANCE \$		
SUPERVISOR'S SIGNATURE		DATE	AMT. CLAIMED (ATTACH RECEIPTS) \$		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 6.38		
			BALANCE DUE CCSD \$		

CCSD
CLARK COUNTY
SCHOOL DISTRICT


7.1 Used for Support Staff tuition reimbursement

ROUTING: Original - Return to employee with action noted
2nd Copy - Retained by Support Staff Personnel

- Submit CCF 58 for pre-approval
- For Licensed check with your administrator for the pre-approval process
- Upon completion of course attach CCF58 to CCF174 for reimbursement
 - Include proof of payment
 - Passing grade

7.2 Used for Licensed Staff tuition reimbursement – If reimbursement is for licensed staff and other than Highly Qualified: Include a list of all of the employees eligible for tuition reimbursement

Printed by: Jan E Hodges
Title: Fwd(2): HQ Reimbursement Request Form : InterAct
Friday, July 27, 2007 7:02:11 AM
Page 1 of 3

 Wednesday, July 25, 2007 5:41:46 PM
Message

From: Jan E. Hodges
Subject: Fwd(2): HQ Reimbursement Request Form
To: Jan E. Hodges

----- Original Message -----

"HIGHLY QUALIFIED" TUITION AND/OR PRAXIS TESTING REIMBURSEMENT REQUEST

Directions: Please fill out the form below and enter your data, then click 'send' to submit.

Name:

Teaching Assignment:

Work Location Name:

Work Location No:

Date(s) of course(s) being taken OR to be taken: / / to / /

Date(s) of test(s) being taken OR to be taken: / / , / / , / /

Course(s) for which tuition reimbursement is requested:
(specify **COMPLETE** course number and name)

Course #	Course Name
1.	
2.	

Course(s) Offered by:
(Name of institution(s))

Test(s) for which reimbursement is requested:
(specify **COMPLETE** Praxis test number and test name)

Printed by: Jan E Hodges

Title: Fwd(2): HQ Reimbursement Request Form : InterAct

Friday, July 27, 2007 7:02:11 AM

Page 2 of 3

Test #	Test Name
1.	
2.	
3.	
4.	

Procedures: Teachers are encouraged whenever possible to submit their requests **IN ADVANCE** in order to receive **approval or denial** prior to paying for the course(s)/test(s). Please **be aware** that mere enrollment in a course/test does not guarantee approval and subsequent reimbursement. To submit a request, please follow the steps below:

Complete all appropriate sections of this email.

Email the completed form **to Licensure Services in Licensed Personnel** by clicking on the **"Send and Close"** icon. ****NOTE**** - Because you cannot "sign" your email, you **MUST** submit it over InterAct. Reimbursement request forms will **NOT** be accepted unless the name submitted as the requestor matches the name of the sender on the email.

Once your requested courses have been reviewed, you will be sent an email of the acceptance or denial of your request. Please note that in the case of a backlog of requests, those submitted **PRIOR** to their registration deadlines will receive priority in processing/responding.

***** Important note:** Communication of course approval or denial is for purposes of **CCSD "HQ"** tuition reimbursement **ONLY!** It is **NOT** intended to confirm whether or not a particular teacher is required to take any specific class(es). Each university determines its own program requirements. For licensing, general endorsement requirements are available online at www.doe.nv.gov/licensing.

FOR COMPLETION BY HR PERSONNEL ONLY:

Course:	Approved	Denied
Course:	Approved	Denied
Test 1:	Approved	Denied
Test 2:	Approved	Denied
Test 3:	Approved	Denied
Test 4:	Approved	Denied

8.0 Field Trips Transp-7 Form - Used to request in-district transportation

Field Trip Request - Paid by Department

Section I: School must complete and E-Mail to department paying for the field trip.

Trip Date: # of W/C Pickup at Return at
 # of Students: # of Adults: # of Buses: Purpose of Trip:
 1st Destination Address:
 2nd Destination Address:
 3rd Destination Address:
 School Requesting Trip School No.
 Approving Principal Date Approved:
 Contact Person Phone No. Extension
 Contact E-Mail Address:
 Additional Information:

Changes & Cancellation Only

Confirmation Number:

Description & Reasons

Section 2: Dept. paying for the trip must complete and forwarded to "Transportation Arville Yard 083".

Approving Administrator Date Approved:
 Contact Person Phone No. Extension
 Contact E-Mail Address:
 Bill to Dept. Unit Account Object
 Additional Information:

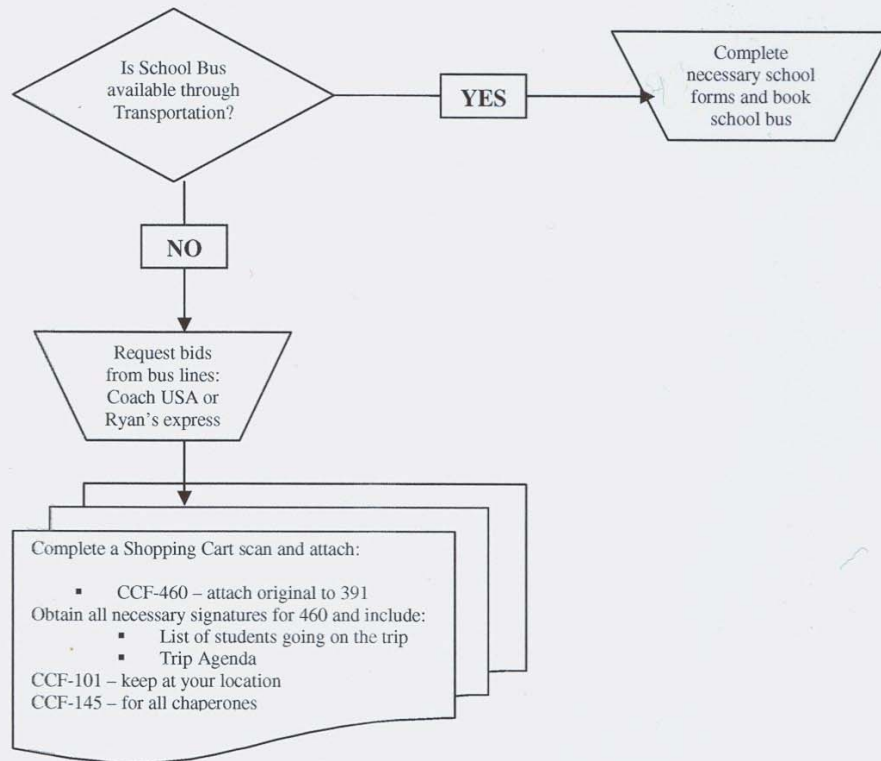
For Transportation Use Only

Date Received for Bus Assignment: Confirmation Number:
 Your Bus is Coming from yard. Telephone Number
 Reason for Disapproval of field trips:

- Check the field trip master calendar for availability
- To request a CCSD bus online:
 - Go to interact
 - **District Link – Online Forms**
 - Select **Transp-7** and complete Section ONE of the form (Yellow)
 - include the AA's name on the email
 - AA will code the form Section 2
 - AA will e-mail to Transportation for final approval.
 - Transportation will e-mail AA with approval
 - AA will notify requestor of approval

8.1 Out of District Student Activity Travel

Out of District Student Activity Travel



8.2 Out of District Student Activity Authorization (CCF-460)-Used to request out of district transportation

1998-500460

CLARK COUNTY SCHOOL DISTRICT
INSTRUCTION UNIT

CCF-460 REV.06/02

OUT-OF-DISTRICT STUDENT ACTIVITY AUTHORIZATION

(All copies of this completed form are to be forwarded to the Region Superintendent for approval one (1) month prior to travel.)

School: _____ Date of Application: _____

Name of School Organization: _____

A rationale statement must be developed for each requested activity. (If instructional time will be lost due to this activity, a complete statement of educational need must be prepared.)

Destination: _____ Place of lodging: _____ Phone Number: _____

Departure: Date _____ Time _____ Place _____

Arrival: Date _____ Time _____ Place _____

Return: Date _____ Time _____ Place _____

Arrival: Date _____ Time _____ Place _____

Out-of-school dates:

Monday

Tuesday

Wednesday

Thursday

Friday

Responsible trip administrator or designee: _____ Transportation system: _____

Number of chaperones: _____ (Each must submit a CCF-145 form.) Number of students: Male _____ Female _____

Number of substitutes required: _____ X days of school missed: _____ = Total number of sub days required: _____

Substitute funding approved by: _____ Budget Unit number: _____

Name of Administrator

Trip funding source: _____ Estimated trip cost: _____

SIGNATURE OF RESPONSIBLE LICENSED EMPLOYEE IN CHARGE _____ DATE _____

SIGNATURE OF SCHOOL PRINCIPAL _____ DATE _____

SIGNATURE OF REGION SUPERINTENDENT _____ DATE _____

To be completed by person responsible for budget unit (if other than student-generated funds):

UNIT

FISCAL YR

ACCOUNT

OBJECT

GRANT

PROJECT

FUND

SIGNATURE OF PERSON RESPONSIBLE FOR BUDGET UNIT _____ DATE _____

DISTRIBUTION OF APPROVED COPIES: WHITE - Appropriate Region Superintendent YELLOW - Student Activities Office PINK - School

- Request permission from GCW for the trip
 - Cc: AA on request
- Complete a CCF- 101 & CCF-145 **SIX** weeks before the scheduled trip
- Complete a CCF- 460 with signatures from the school principal and the region superintendent
 - Attach a complete list of students going on the trip
 - Attach trip agenda
 - Attach bus line quotes
- Complete a Shopping cart, scan all originals and attach to order

9.0 Printing – Graphic Form

9.1 A graphic art request form is used for printing and other graphic services within CCSD

<div style="display: flex; justify-content: space-between;"> CCSD GRAPHIC ARTS CENTER WORK REQUEST GD </div>			
<div style="display: flex; justify-content: space-between;"> Attach previously printed sample or copy with request. Shaded areas for Graphic Arts Center use only. </div>			
LOG NUMBER	DATE REC.	MACHINE	
WORK DESCRIPTION	FILE #		DATE NEEDED
QUANTITY NEEDED	NO. OF ORIGINALS	<input type="checkbox"/> 1 SIDE <input type="checkbox"/> 2 SIDES	
SCHOOL/DEPARTMENT	LOC #	CONTACT PERSON (PLEASE PRINT)	PHONE & FAX NUMBER

COMPLETED MATERIAL WILL BE HELD FOR PICK-UP 3 DAYS PRIOR TO SHIPPING:

BOND	INDEX	CARBONLESS	INKS <i>(Newsletters Only)</i>
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE	<input type="checkbox"/> 2 Part - White/canary	<input type="checkbox"/> 1/1 <input type="checkbox"/> 3/1
<input type="checkbox"/> Blue	<input type="checkbox"/> Blue	<input type="checkbox"/> 3 Part - White/canary/pink	<input type="checkbox"/> 2/1 <input type="checkbox"/> 3/2
<input type="checkbox"/> Buff	<input type="checkbox"/> Buff	<input type="checkbox"/> 4 Part - White/canary/pink/gold	<input type="checkbox"/> 2/2 <input type="checkbox"/> 3/3
<input type="checkbox"/> Canary	<input type="checkbox"/> Canary	<input type="checkbox"/> 5 Part - White/green/canary/pink/gold	
<input type="checkbox"/> Gold	<input type="checkbox"/> Gold		
<input type="checkbox"/> Gray	<input type="checkbox"/> Gray		
<input type="checkbox"/> Green	<input type="checkbox"/> Green	PAPER SIZE	VARIABLE DATA
<input type="checkbox"/> Ivory	<input type="checkbox"/> Ivory	<input type="checkbox"/> Letter (8-1/2 X 11)	<input type="checkbox"/> Newsletter Database
<input type="checkbox"/> Pink	<input type="checkbox"/> Pink	<input type="checkbox"/> Legal (8-1/2 X 14)	<input type="checkbox"/> Special Database
<input type="checkbox"/> Salmon	<input type="checkbox"/> Salmon	<input type="checkbox"/> 11 X 17	<input type="checkbox"/> Permission Letter Attached
<input type="checkbox"/> Tan	<input type="checkbox"/> Tan	<input type="checkbox"/> Tabloid (17 X 22)	<input type="checkbox"/> Mailroom Approval Attached
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		

DISTRIBUTION: _____
SHIP TO: _____ **LOC CODE:** _____
PICK-UP BY: _____
SPECIAL INSTRUCTIONS: _____

☐ 10% Discount *(for Graphic Arts Center Use Only)*

PROVIDE ONE:

COST CENTER	WBS

GRANT/INTERNAL ORDER
FUNCTION
(GRANT ONLY)

<input type="checkbox"/> Collate	<input type="checkbox"/> Uncollate	<input type="checkbox"/> Pad Top	<input type="checkbox"/> Pad Left
<input type="checkbox"/> Staple (1 Upper Left)	<input type="checkbox"/> Staple (2 Left Side)	<input type="checkbox"/> Fold (Attach Sample)	<input type="checkbox"/> Acco Bind
<input type="checkbox"/> Side Stitch (2 Left Side)	<input type="checkbox"/> Saddle Stitch (Booklet)	<input type="checkbox"/> 3 Hole Drill	<input type="checkbox"/> Addressing/ mailing
<input type="checkbox"/> Trim To Size _____	<input type="checkbox"/> Spiral Bind	<input type="checkbox"/> Bundled	<input type="checkbox"/> Distribute
			<input type="checkbox"/> Package _____ Per Package
			<input type="checkbox"/> Shrink Wrap

WHITE = GAC COPY **YELLOW** = SHIPPING COPY **PINK** = FILE COPY **GOLD** = CLIENT COPY

AUTHORIZED SIGNATURE
(DIVISION HEAD/DESIGNEE OR SCHOOL SITE ADMINISTRATOR)

MACHINE	DATE PRINTED	OPERATOR	TOTAL IMPRESSIONS	1-SIDE	2-SIDES
• PAPER •			• BINDERY (ENTER QUANTITIES) •		
QUANTITY	SIZE	TYPE/COLOR/WEIGHT	BOOKLETS	_____ inline _____ offline	
_____	_____	_____	FOLDED SHEETS (EXCLUDES BOOKLETS)/PERF.	_____	
_____	_____	_____	STAPLES (EXCLUDES BOOKLETS)	_____	
_____	_____	_____	PACKAGES: SW _____ BUNDLED _____		
_____	_____	_____	PADS: FULL SHEET _____ 1/2 SHEET _____		
_____	_____	_____	1/3 SHEET _____ 1/4 SHEET _____		
_____	_____	_____	HOT TAPE BINDING _____ ACCO BINDING _____		
_____	_____	_____	GBC BINDING: 1/4" - 1/2" _____ 9/16" - 2" _____		
_____	_____	_____	SPIRAL BINDING: ≤16mm _____ ≥18mm _____		
• PLATES •	(LIST ALL COLORS INCLUDING BLACK)	• INK •	ADDRESSING/MAILING _____ STUFFING (# OF ENV'S STUFFED) _____		
TYPE	1 ST SIDE _____		HAND BINDERY (1/4 HR.) _____ OVERTIME (1/4 HR.) _____		
QUANTITY	2 ND SIDE _____		SUBCONTRACTING _____		
COST	TOTAL COLORWASHES _____		COLOR COPY CHARGES _____		
_____	4-COLOR SET UP _____		• MISCELLANEOUS •		
• JOB ESTIMATE •					
DATE SHIPPED	OPERATOR	WHSE.	MAIL	GAC DELIVERY	PICK UP

- Complete all necessary information on the form
- Put your Internal Order Number and Functional Area
- You can check with your AA at the end of the month for the cost of the printing for your budget records.

10.0 Credit Card Procedures

10.1 To check out the grant credit card from FADA you must have a signed

10.1.1 District Employee Agreement Form on file

10.1.2 Contact your AA to arrange a pick up time

10.1.3 Make Purchases

10.1.4 Return the card to AA within 2 days, with the coded receipts of the Purchases made

10.2 Making purchases with Grant Credit Card

10.2.1 Separate receipts/purchases by budget line item

10.2.2 Only charge up to \$1,000.00 to a single vendor per day

10.2.2.1 Refer to Purchasing Card Policy & Procedures Manual

10.2.2.2 Turn to page 4 of Credit Card Manual

10.2.3 Pages 4 & 5 explain what can and cannot be purchased

10.2.4 Do not use school PC unless you want to pay for merchandise

Attachment 3
District Employee Agreement

I, (employee name) _____, request the use of the
Purchasing Card assigned to (name of school/support unit) _____
I agree to comply with the following terms and conditions regarding my use of the card.

- I understand that I am being entrusted with a valuable tool - a Purchasing Card - and will be making financial commitments on behalf of the Clark County School District, and will strive to obtain the best value for the District.
- I agree to use this Purchasing Card for approved purchases only and agree not to charge personal purchases. I understand Internal Audit will audit the use of this Purchasing Card and take appropriate action on any discrepancies.
- For purchasing cards issued specifically for self-contained programs at Edison schools, I agree to submit monthly, a copy of the purchasing card log, copies of receipts and brief descriptions of purchases for self-contained programs to Student Support Services for review and approval.
- I will follow the established procedures for the use of the Purchasing Card. Failure to do so may result in either revocation of my use of privileges or other disciplinary actions, including discipline in accordance with the Clark County School District policies, regulations and procedures.
- I have read a copy of the Purchasing Card Policy and Procedures Manual and understand the requirements for the Purchasing Card's use.
- I agree to return the Purchasing Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my assignment to change, I also agree to return my Purchasing Card and arrange for a new one, if appropriate.
- If the Purchasing Card is lost or stolen, I agree to notify the Director of Accounting and the issuing financial institution immediately.

_____ Employee Signature	_____ Social Security Number	_____ Date
_____ Principal/Manager Signature	_____ Purchasing Log Location	

As of the date below, I will no longer be using any PURCHASING CARD issued to the above unit.

_____ Employee Signature	_____ Date
-----------------------------	---------------

-In order to check out the grant credit card you must have the District Employee Agreement form filled out and signed

-Make arrangements with the AA to pick up the card.

-Bring your CCSD identification with you

Rev. 05/04

15

10.3 Cards located in the field

10.3.1 Notify AA of intent to purchase*

10.3.2 AA will check budget line for availability of funds*

10.3.3 Log transactions in Purchase Log Sheet

10.3.4 Fax Purchase Log Sheet to AA at least monthly

10.3.5 When making purchases break out receipts by budget line item

10.3.6 Code itemized receipt in black or blue ink immediately after purchase

10.3.7 Fax or send coded receipt to AA immediately

10.3.8 *Depending on the size of the grant requestor may skip steps 10.3.1 and 10.3.2

SAP Grant Shopping Cart



11.0 SAP Grant Shopping Cart

- 11.1 To place an SAP order using a grant you must change the Cost Center Information field to Order.
- 11.2 You will then enter your Internal Order Number and Functional Area.
- 11.3 Refer to your monthly summary for coding information.

Change the “Assigned to” to Order.

The screenshot shows the 'Account Assignment Overview' table in SAP. A red arrow points to the 'Assigned to' dropdown menu, which is currently set to 'Order'. Another red arrow points to the 'G5635000107' value in the 'Assigned to' field. The table has columns for Line, Percentage, Assigned to, Description, G/L Account, Description, Business Area, and Action.

Line	Percentage	Assigned to	Description	G/L Account	Description	Business Area	Action
1	100.00	Order	G5635000107	5610000000	General Supplies		

Then, enter the Internal Order Number (which is the same as the Sponsored Program) that you would like to purchase from.

**Check the Functional Area (Program and Function).
Refer to your monthly summary.**

Account Assignment Item Details 1					
Percentage	Assigned to	Description	G/L Account	Description	Business Area
100.00	Order G5635000107		5610000000	General Supplies	1000

Order	G5635000107	INDIAN EDUCATION COMPREHENSIVE - 81
Fund	2800000000	
Funds Center	100000137	
Commitment Item	5010000000	
Function Area	F01001000	REG-Instruction
Grant	00000000000005635007	INDIAN EDUCATION PRO
Controlling Area	CCSD	

12.0 Important Phone Numbers



CCSD Help Desk
799-3300 opt 1

FADA
799-5224

GDA
799-3355



13.0 SUPPORTING DOCUMENT REFERENCES:

13.1 The following CCF Forms - 5, 58, 100, 101, 144, 145, 174, 168, and 460

13.2 Substitute Reports

13.3 Public Disclosure Form

13.4 WMDBE Questionnaire

13.5 Transp-7

14.0 RECORD RETENTION TABLE:

Identification	Storage	Retention	Disposition	Protection
FAD-M004	MPS website	1 year or as needed	Hard copies are recycled and/or shred	Electronically and in file cabinets

15.0 DOCUMENT REVISION HISTORY:

Date	Rev.	Description of Revision
31-Aug-08		Initial Release of the document
22-Feb-09	A	Revision A
01-Oct-09	B	Revised Out-of-District Consultant form, Travel form

16.0 PROCESS OUTPUT:

16.1 An understanding of the procedures for spending federal funds.

17.0 THIS DOCUMENT APPROVED BY (Reference Document Control Form):

17.1 Fiscal Accountability and Data Analysis Coordinator II