

Student Support Services Division

Fiscal Accountability & Data Analysis

Fiscal Procedures for Spending Federal Funds Manual



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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.

Fiscal Procedures for Spending Federal Funds Manual
 (WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

1.0 Personnel Requisitions

9998-500168

CCF-168
 Rev. 9/03

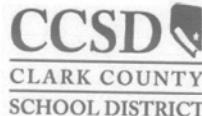
CLARK COUNTY SCHOOL DISTRICT POSITION CONTROL AUTHORIZATION FORM (PERSONNEL REQUISITION)		Position Control Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___ Initials: ___	
Date Received in Personnel:	Date of Requisition:	Effective or Start Date:	
SECTION I COMPLETE 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: _____ <small>Reason</small> <input type="checkbox"/> Permanent Replacement/Regular Status <input type="checkbox"/> Temporary Replacement Job Stop Date ___/___/___			
Area B <input type="checkbox"/> New Position <small>Rationale: _____</small> <small>Earned by Formula Outside Formula, but included in budget (See CCSD Policy 4120)</small>			
Area C Teacher recommended: <input type="checkbox"/> Extra Instruction (Teachers Only) <small>Prep in Lieu/Purchase of Prep <input type="checkbox"/> Adaptive PE <input type="checkbox"/> 1st Extended Day <input type="checkbox"/> Adult Education <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd <input type="checkbox"/> ESL <input type="checkbox"/> Credit Deficient <input type="checkbox"/> Wednesday <input type="checkbox"/> 3rd <input type="checkbox"/> 3rd <input type="checkbox"/> Other _____ (specify) <input type="checkbox"/> Instructional Clinic <input type="checkbox"/> Thursday <input type="checkbox"/> 4th <input type="checkbox"/> Friday <input type="checkbox"/> 5th</small> <small>Start date: _____ Stop date: _____ Rate of pay: _____ 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.) Teacher's Signature: _____ Date: _____</small>			
Area D Person recommended: _____ S.S. # _____ <input type="checkbox"/> Change in Hours <input type="checkbox"/> Change in Months <input type="checkbox"/> Change in Funding <input type="checkbox"/> Increase from _____ to _____ <input type="checkbox"/> Increase from _____ to _____ <input type="checkbox"/> Other _____ (specify) <input type="checkbox"/> Decrease from _____ to _____ <input type="checkbox"/> Decrease from _____ to _____ <input type="checkbox"/> Rationale: _____			
<small>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</small>			
<small>Signature (Principal/Department Head) _____ Date: _____ Signature (Division Head) (Required if new unified/support staff position) (Attach Board Backup if available) _____ Date: _____</small>			
<small>Person Approved For Position: _____ Sex/Ethnic (Race): ___/___ S.S. #: _____ Address: _____ City: _____ State: _____ Phone #: _____ <small>(If new hire or returning employee)</small> <small>If Teacher, Major/Minor Fields: _____</small> <input type="checkbox"/> New Hire <input type="checkbox"/> Returning Employee <small>Certificate Held: _____</small> <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 </small>			
<small>FROM: (If CCSD Employee) Position: _____ Grade Levels: _____ Location: _____ Months: _____ Days: _____ Hours: _____</small>			
<small>TO: Location: _____ Position Code(s) 1: _____ 2: _____ Grade Level(s): _____ (If Applicable) Effective Date: _____ / _____ / _____ School Year: _____ - _____ Contract Status: _____ (If Licensed) <input type="checkbox"/> _____ / _____ / _____ Salary: _____ Salary Extra: _____ Step: _____ Class/Rage: _____ Job: _____</small>			
<small>Present CCSD Supervisor Notified/Approval Granted <input type="checkbox"/></small>		<small>New Supervisor Notified <input type="checkbox"/></small>	
<small>Approved: _____ Personnel Administrator/Designee _____ Date: _____</small>			

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

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 schedules, additional days required by Article 37-2-2 are <u>in addition</u> to the maximum 30 additional days provided for instruction as noted above.
<u>Projected Enrollment</u>	
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 Analyst at 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 approval
- 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

1. 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.
2. 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.
3. 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.
4. 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:**

REGION SUPERINTENDENT/ASSISTANT REGION SUPERINTENDENT _____ DATE _____
OR:

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)

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)

Check one

CCF-5 REV. 9/03

CHECK ONE

Support Staff

Licensed

Unified

Check the
Rate of Pay

RATE OF PAY:

Contract hourly rate of pay

Substitute Pay

Responsibility Pay (Replacing:

\$20.00 per hour (Support Staff)

\$22.00 per hour

Overtime (support staff)

Other

\$

Enter Location
Name & Number

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.)

BUDGET Codings	UNIT 1	FISCAL YR. XX	ACCOUNT XXXXX	OBJECT XXXX	GRANT XXXXXX	PROJECT XXXXX	FUND 02XX	%
1	0137							
2								
3								

Type Unit, FY, Acct, Object,
Grant, Project & Fund

ALL PERSONS LISTED BELOW MUST HAVE SAME BUDGET CODING

NAME	SS#	DATE/S	(PER DAY)		(FOR TOTAL OF:)		PERSONNEL USE ONLY
			MINUTES (OR) HOURS		MINUTES (OR) HOURS (OR) DAYS		
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		TOTAL:	9.0	

Enter Calculation

#Hrs X Rate Pay

9hrs X \$22.00=\$198.00

Enter Total Hours

I certify that funds are available for this request.

UNIT SUPERVISOR/PRINCIPAL: _____ DATE: _____

DIVISION HEAD/DESIGNEE: _____ DATE: _____

PERSONNEL ADMINISTRATOR/DESIGNEE: _____ DATE: _____

Appropriate signatures

FOR
UNIF
S FOR

ORIGINAL/C
001-000

- 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.

3.1 Authorization for Extra Duty Pay – Continuation Sheet (CCF5)

9998-500052

CCF-5.
 Rev. 3/9

CLARK COUNTY SCHOOL DISTRICT
AUTHORIZATION FOR EXTRA PAY – CONTINUATION SHEET

(Page 2 of 2)

DATE SUBMITTED: 07/01/05

LOCATION: Clark

551

RATE OF PAY: \$22.00

FOR: GEAR UP PARENT NIGHT

(TYPE/AMOUNT)

(DESCRIPTION OF SPECIAL SERVICE INCLUDING PROGRAM, IF APPLICABLE)

BUDGET CODING: UNIT 0137 FISCAL YEAR xx ACCOUNT xxxx OBJECT xxxx

PROJECT xxxx FUND 02xx

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

NAME	SS#	DATE/S	(PER DAY) MINUTES (OR) HOURS	(FOR TOTAL OF) MINUTES (OR) HOURS (OR) DAYS	PERSONNEL USE ONLY
CONTINUATION PAGE					

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

Fiscal Procedures for Spending Federal Funds Manual

(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

3.3 Authorization for Extra Duty Pay (CCF-5)

9998-500045

CCF-45
4/9

**CLARK COUNTY SCHOOL DISTRICT
INSERVICE/WORKSHOP**

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

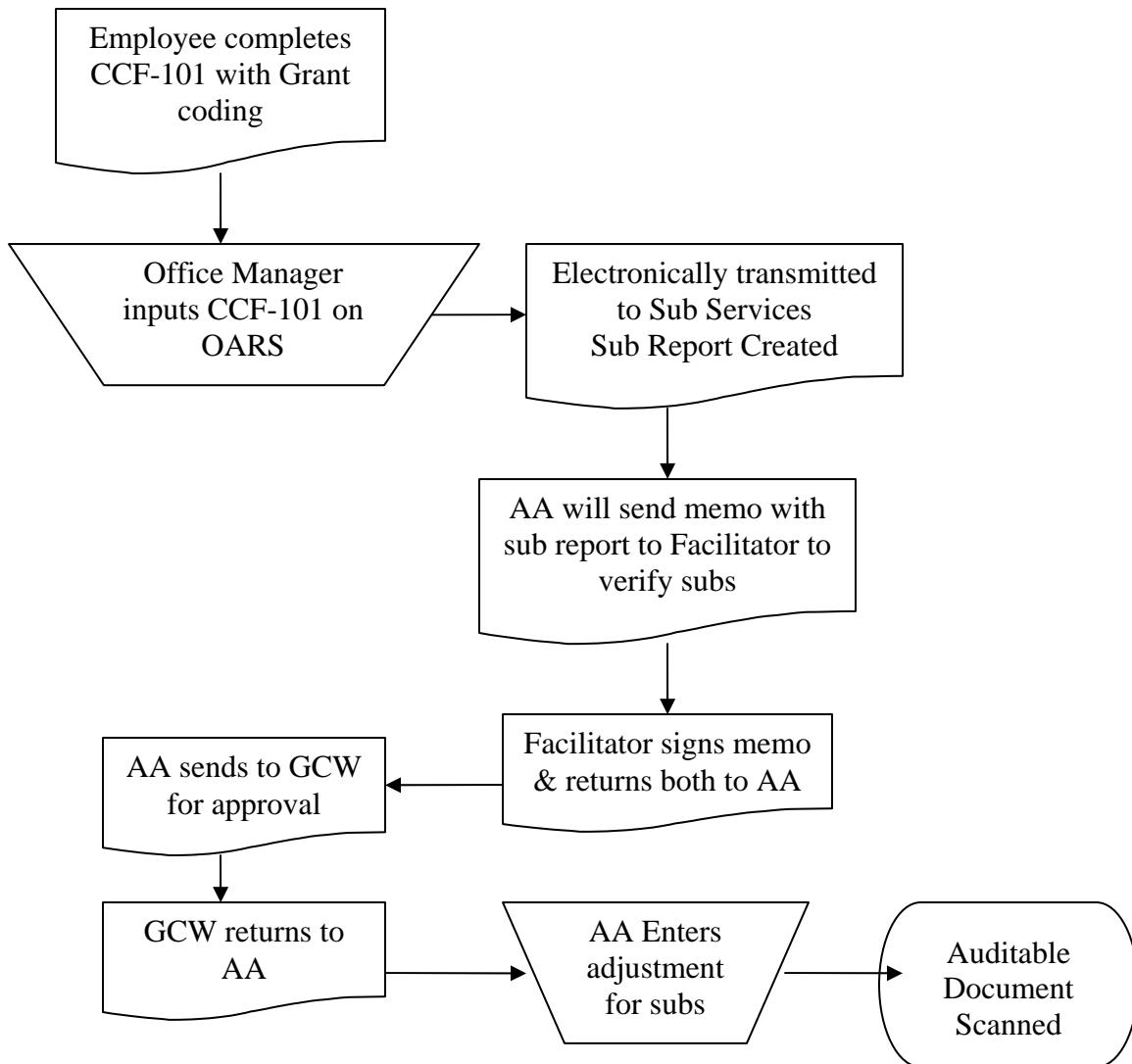
Time: From _____ to _____ Workshop/Activity Coordinator: _____ Unit: _____

(PLEASE PRINT YOUR NAME AS IT APPEARS ON THE PAYROLL:) ACTIVITY NO. (if applicable) _____

Original: Workshop/Activity coordinator
1st Copy: Administrator/Authorizing Unit
2nd Copy: Appropriate Division Secretary

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

Fiscal Procedures for Spending Federal Funds Manual
 (WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

4.3 Substitute Teachers CCF-101

8998-500101

CLARK COUNTY SCHOOL DISTRICT
EMPLOYEE ABSENCE REQUEST/AUTHORIZATION

Please Print

CCF-1 Rev. 09

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								
ADMIN/LICENCED PERSONNEL ABSENCE 1.0	SCHOOL POLICE/SUPPORT PERSONNEL ABSENCE 	MONTH/S October							
Total DAYS (Admin. Corp.)	Total HOURS 	DATE 25							
		8							
		1.0							
		Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	
# Family Medical Leave Notice: Absences may affect eligibility and may be deducted from FML entitlement. Read the full notice on reverse side of this form									
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	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.									
<ol style="list-style-type: none"> 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 13. Worker's Compensation 14. * Time out (year-round only) 16. Compensatory (Comp) time used 17. * Universal/Flexible day 28. District business/activity without students (recruitment, state meetings, conferences, etc.) (no substitute teacher required) 									
<ol style="list-style-type: none"> 7. *School business / activity with students (athletic trip, field trip) Name of activity: _____ (requires substitute teacher) 8. *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: Frosim/I ully 									
*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
worked for the CCF-101
fying event or other

Should you cont
and/or exhaust y
leave of absence

CCSD Regulation
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
, whether for a qual-
worked.

annual entitlement
y for an appropriate

aged to contact the

Fiscal Procedures for Spending Federal Funds Manual
(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

4.4 Substitute Teachers Sample Sub Report

SCHOOL BUSINESS/AUTHORIZED ABSENCE MONTHLY REPORT REPORTING DATE: 05/01/05 - 05/31/05				DATE: 06 PAGE:	
ORG.	DEPARTMENT EMPLOYEE NAME APPROVED BY	SCHOOL SOC SEC#	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	000407-05 08 TESTING	1.0
			05/23/05-05/23/05	08 IEP/PARENT TRAINING	1.0
			05/02/05-05/02/05	08 ECCP GRANT	1.0
					SUB 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	GRANT TOTAL 3.0 .0
0137	REG PROF DEV PROG HAUVER, MARY Y HANLON/LEDA				SUB TOTAL .0 ERACY 1.0
0137	REG PROF DEV PROG SPENCER, TRACY HANLON/TICK SPENCER, TRACY HANLON/TICK SPENCER, TRACY HANLON/MARIN				SUB TOTAL 1.0 LIT .0 LON/TICKNOR .0 P WORD WALL TRAINING .0
0137	REG PROF DEV PROG OLIVAR-RAMIREZ, RAYMA F ANNE TICKNOR		05/17/05-05/17/05	08 LITERACY IN-SERVICE	SUB TOTAL .0 .0
					SUB TOTAL .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	000509-05 07 FROSINI/TEAM ACTION VIP	GRANT TOTAL 1.0 1.0 1.0 .0 .0
			05/31/05-05/31/05	07 FROSINI/TEAM ACTION VIP	SUB TOTAL 2.0 2.0

4.5 Support Staff Sample Sub Report

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	SCHOOL SOC SEC#	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	000770-05 08 CAYEN TRAINING	6.0
			07/18/05-07/18/05	08 CAYEN TRAINING	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 cross check 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

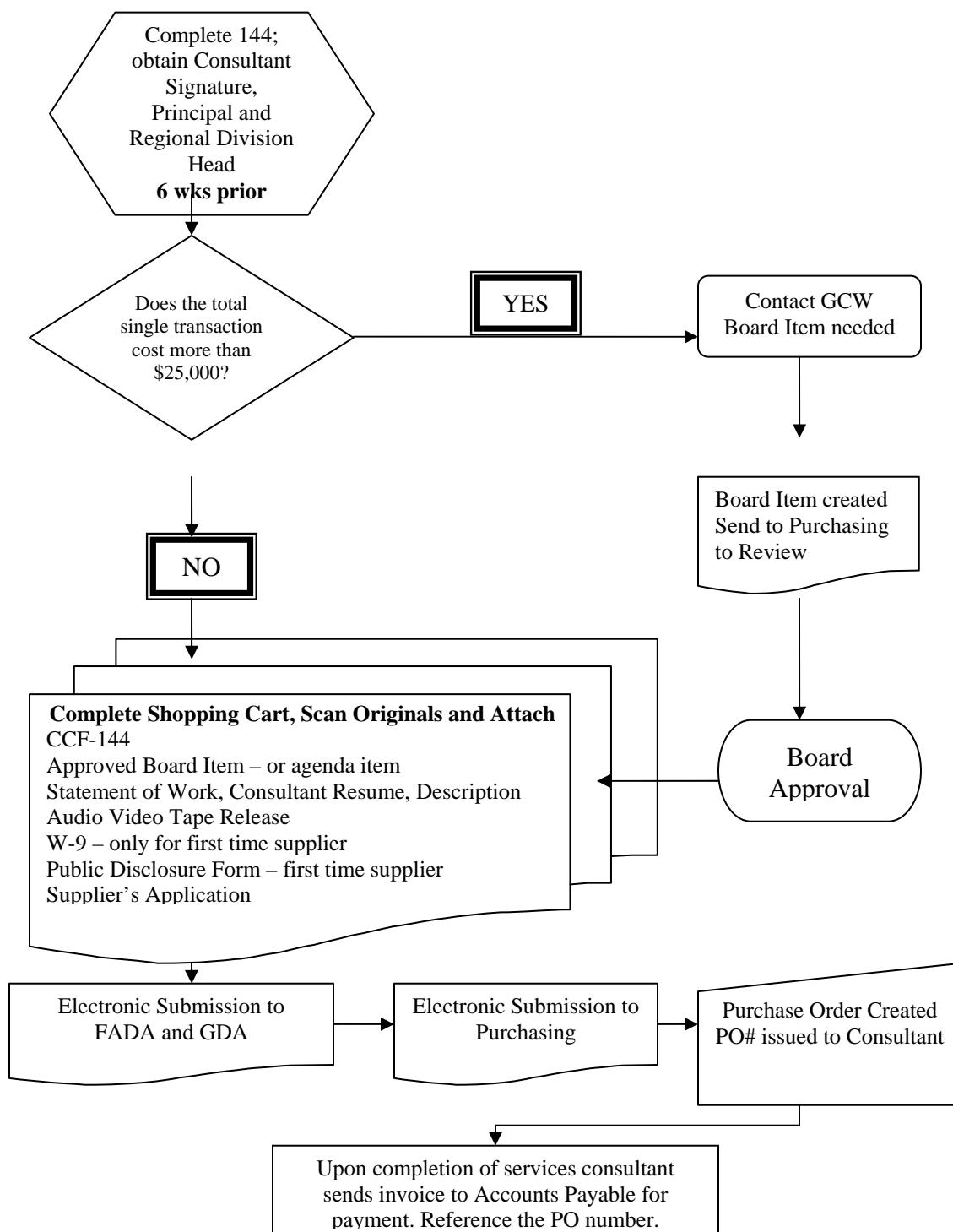
From: Year 06, Object 6647, Account 00864

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:
 - It is the supplier's responsibility to invoice for payment within 30 days after services have been completed.
 - The agreement requires the approval of the Region/Division Superintendent before it will be processed.
 - 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.

Fiscal Procedures for Spending Federal Funds Manual
(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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

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



Fiscal Procedures for Spending Federal Funds Manual

(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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 thereto 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

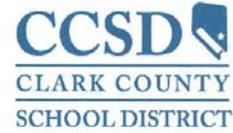
CCSD Division and Telephone Number

- Scan in Shopping cart if applicable

5.6 W-9 Form – Required for First Time Suppliers

W-9 Form (Rev. January 2005) Department of the Treasury Internal Revenue Service	<p align="center">Request for Taxpayer Identification Number and Certification</p>	Give form to the requester. Do not send to the IRS.															
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Print or type See Specific Instructions on page 2. </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (as shown on your income tax return)</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">Business name, if different from above</td> </tr> <tr> <td colspan="2"> 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 </td> </tr> <tr> <td>Address (number, street, and apt. or suite no.)</td> <td>Requester's name and address (optional)</td> </tr> <tr> <td colspan="2">City, state, and ZIP code</td> </tr> <tr> <td colspan="2">List account number(s) here (optional)</td> </tr> </table> <p>Part I Taxpayer Identification Number (TIN)</p> <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> <p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I 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, and 3. I 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: 25%;">Sign Here</td> <td style="width: 50%;">Signature of U.S. person ►</td> <td style="width: 25%;">Date ►</td> </tr> </table> <p>Purpose of Form</p> <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"> 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. <p>Note. If a requester gives you a W-9 form and asks you to request your TIN, you must provide a TIN that is substantially similar to the one you provided on the W-9 form.</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, or <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <ul style="list-style-type: none"> • Vendor to complete • Scan and attach to shopping cart • Whether on file or not </div> <p>• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.</p> <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>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"> 2. The treaty article addressing the income. 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions. 			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.)	Requester's name and address (optional)	City, state, and ZIP code		List account number(s) here (optional)		Sign Here	Signature of U.S. person ►	Date ►
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.)	Requester's name and address (optional)																
City, state, and ZIP code																	
List account number(s) here (optional)																	
Sign Here	Signature of U.S. person ►	Date ►															

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 _____

TO BE COMPLETED BY THE DISTRICT

Approval
Required

Signature/Reference

- Vendor completes
- Scan and attach to shopping cart

Board of Trustees	
Deputy Superintendent/Operations	
Not Required	

Fiscal Procedures for Spending Federal Funds Manual
 (WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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

<p style="text-align: center;">Supplier's Application/Update Form Purchasing Department, 4212 Eucalyptus Avenue, Las Vegas, NV 89121 Telephone (702) 799-5225 Fax: (702) 799-5018</p>	
<p>MAIN Business Name & Address (As it appears on W-9):</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____ Fax: _____</p> <p>E-Mail Address: _____</p> <p>Web Site Address: _____</p> <p>Contact Person: _____</p> <p>DBA (Doing Business As) – If Different From Main Name:</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____ Fax: _____</p> <p>E-Mail Address: _____</p> <p>Web Site Address: _____</p> <p>Contact Person: _____</p> <p>Remit To - Exactly as it shows on Invoice:</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____ Fax: _____</p>	
<p>Fed Tax ID Number: _____</p> <p>Do You Accept Fax Orders? Yes _____ No _____</p> <p>Terms and Conditions: <input type="checkbox"/> Agree to the CCSD Terms and Conditions.</p> <p>Type of Industry - NAICS coding: North American Industry Classification System- http://www.naics.com</p> <p>Ownership-Status of Business: (check all that apply) Info used for reporting requirements only</p> <p><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)</p> <p><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 – <i>if yes, check all that apply</i>) <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 _____</p> <p><input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disabled Veteran Owned</p> <p>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></p> <p>Cert. Agency: _____ State Issued: _____ Certification #: _____</p> <p>INDIVIDUALS/SOLE PROPRIETORS:</p> <p><input type="checkbox"/> Have you ever been, or currently are, a CCSD employee? <input type="checkbox"/> Have you ever received, or currently are receiving, PERS benefits?</p>	
<p>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.</p> <p>Name of Person Authorized To Sign (Please Print): _____ Title: _____</p> <p>SIGNATURE: _____ DATE: _____</p> <p style="text-align: center;">Purchasing Internal Use Only:</p> <p>Buyer's Initials and Date Received from supplier: _____ / _____ / _____ Supplier Maintenance: Initials and Date Entered into the Master Data: _____ / _____ / _____</p>	
<ul style="list-style-type: none"> • Supplier/Consultant completes • Scan and attach to shopping cart 	

Fiscal Procedures for Spending Federal Funds Manual

(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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 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) a copy of the notice is received 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-tier 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 good 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.

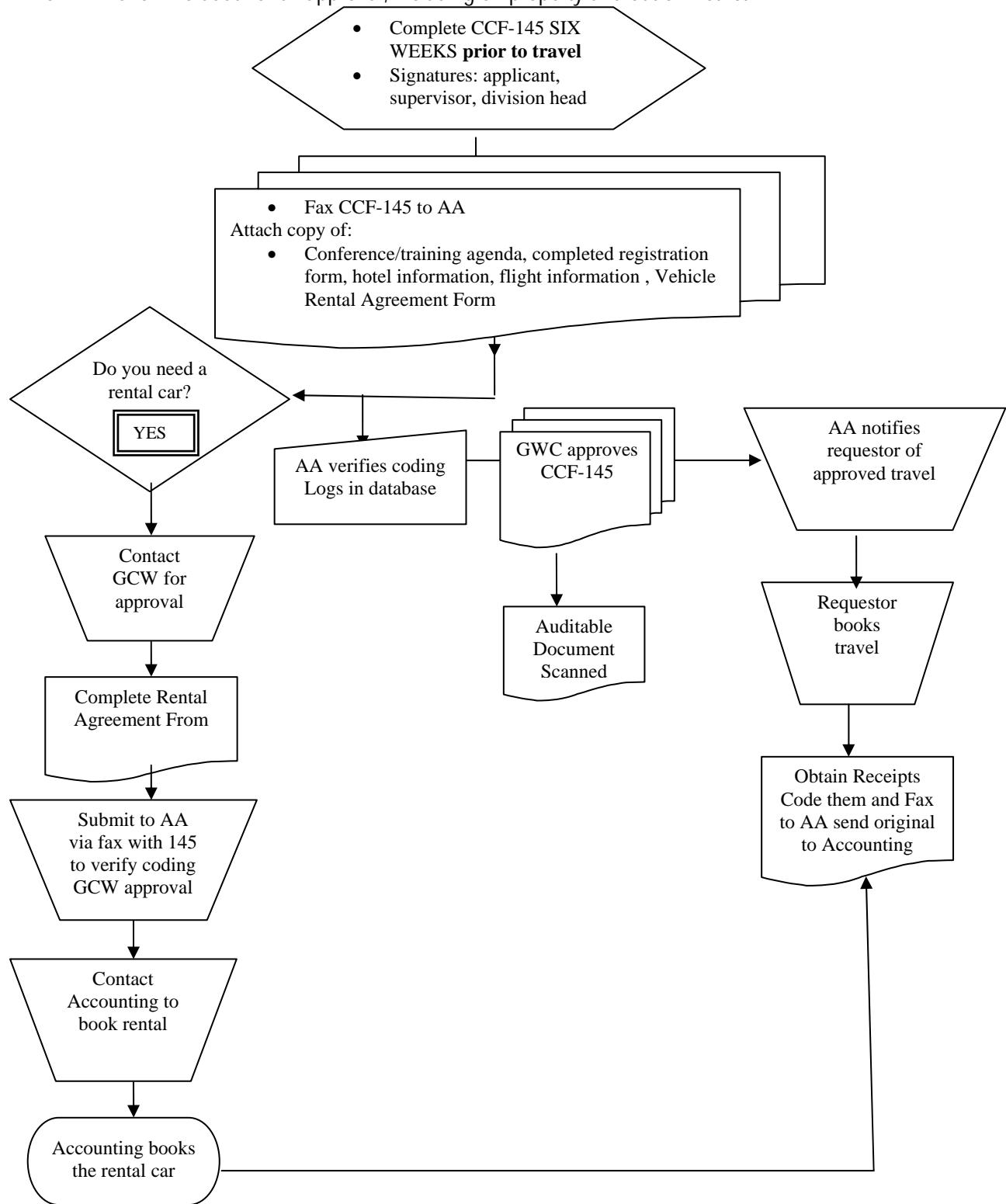
Use by Other Government Entities: Nevada Revised Statutes 332.195 states that local governments and the state of Nevada may use the contracts of other local governments of Nevada, if approved by the successful Bidder. The local government that originally awarded the contract is not liable for the obligations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



Fiscal Procedures for Spending Federal Funds Manual
(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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: Diane Efthimiou DATE: 10/11/04

FROM: Jane Doe DATE(S) REQUESTED: 11/3, 11/4

REASON: Conference SOC. SEC. # 555-55-5555

DESTINATION: San Diego, CA ESTIMATED TOTAL EXPENDITURE: \$ 800.00

Source of Funds: Budget Unit xxxx Fiscal Year FY05 Account xxxxx Object xxxx

Project xxxxxx Fund xxxx Grant xxx

Substitute Required: Yes No Authorized by: _____

APPROVED REJECTED

APPLICANT

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					
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% **\$34.50** **\$38.25** **\$42.00** **\$45.75** **\$49.50** **\$53.25**

**** 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, No 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 AUTHORIZATIO 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.
 *Functional Area is only required when using an Internal Order or Grant.

CCSD
 CLARK COUNTY
 SCHOOL DISTRICT

15

Fiscal Procedures for Spending Federal Funds Manual

(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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

Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM See Instructions On Page 3					
EMPLOYEE NAME		CONTACT NAME/PHONE #			
Jane Doe		799-5224			
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
TOTALS PAGE 2		0.00	0.00	0.00	0.00
EMPLOYEE'S SIGNATURE			DATE		
SUPERVISOR'S SIGNATURE			DATE		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)			DATE		

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

060



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

9998-500174

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174
 Rev. 02/09

See Instructions On Page 3

EMPLOYEE NAME: WILLIAM T. EMPLOYEE **DO NOT TYPE NICK-NAMES LIKE BILL - WILL - TOM**					
CONTACT NAME/PHONE #		PERSONNEL IDENTIFICATION NUMBER	WORK LOCATION CODE		
JAN HODGES 799-5360 x 5332		123456	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 Vegaws, 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 <input type="checkbox"/> Travel Advance <input checked="" type="checkbox"/> Accumulated travel, normal duties, for the month of AUGUST , 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 Page 2 TOTALS TOTALS 55 cents per mile x 11.60 = \$6.38			\$0.00	\$0.00	\$0.00 11.60
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 \$	

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.



7.0 Tuition Reimbursement (CCF-58)

7.1 Used for Support Staff tuition reimbursement

9998-500058

CLARK COUNTY SCHOOL DISTRICT
SUPPORT STAFF PERSONNEL TUITION/ TRAINING COURSE REIMBURSEMENT REQUEST

CCF-58
Rev 6/05

Name: _____ Job Title: _____

Work Location: _____ Work Location Number: _____

Date of Request: _____ Class Attendance Dates: _____

Course Offered By: CCSN UNLV NOVA UOP Other: _____

Semester: Spring Fall

Course(s) Requested: (1) _____ COURSE NAME _____ COURSE NUMBER _____ CREDITS _____
(2) _____ COURSE NAME _____ COURSE NUMBER _____ CREDITS _____

Employee Signature: _____ Date: _____

Support Staff Personnel Signature: _____ Date: _____

CCF-58 APPROVED CCF-58 DISAPPROVED

REIMBURSEMENT PROCEDURE: CCF-58 must be turned in to Support Staff Personnel with required documents within 1 month of enrollment. Submit the following items to Support Staff Personnel, upon completion of course:

- (1) Copy of payment receipt and/or cancelled check (Must indicate name, date and amount paid)
- (2) Official transcript of final grade (grade must be C or better to be eligible)
- (3) CCF-174 (Expense Claim)

Reimbursement will be made for course credits based on the current credit hour cost at the Community College of Southern Nevada.
Reimbursement will not be made for student fees, lab fees, books, supplies, or travel expenses.
Reimbursement will not be made by the district if courses are funded from any other source.

For Personnel Use Only:	Adj Hire Date: _____	Work Location: _____	Pos Code: _____	Months/Hours: _____
-------------------------	----------------------	----------------------	-----------------	---------------------

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)

Fiscal Procedures for Spending Federal Funds Manual
(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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 0 Pickup at Return at
 # of Students: 0 # of Adults: 0 # of Buses: 0 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 Changes Cancellation
 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:

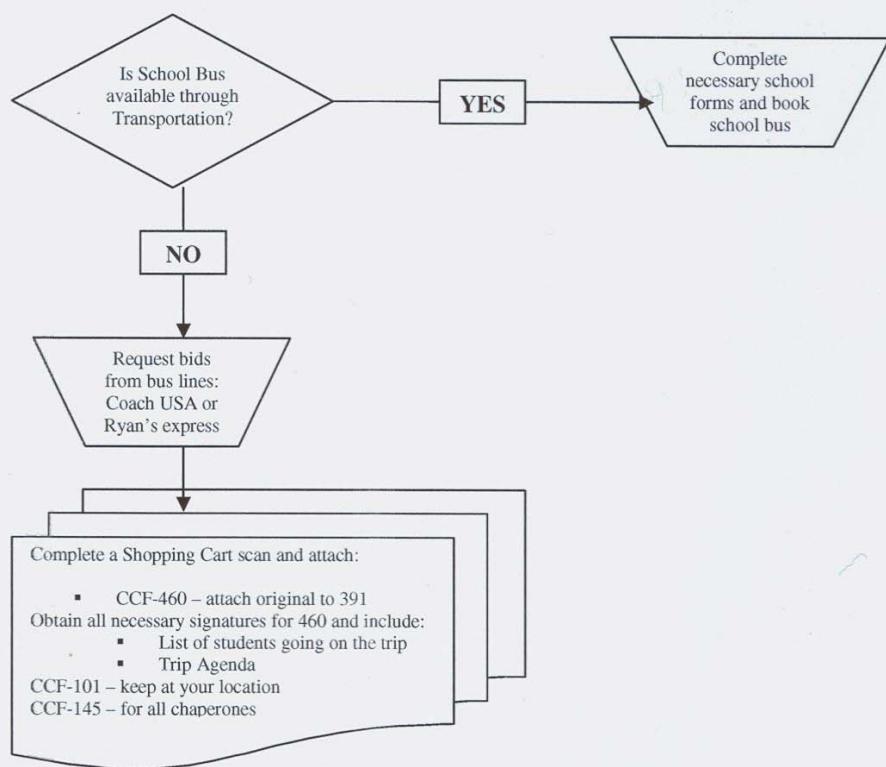
For Transportation Use Only

Date Received for Bus Assignment: Confirmation Number:
 Your Bus is Coming from Arville 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: _____ *Name of Administrator* Budget Unit number: _____

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

CCSD GRAPHIC ARTS CENTER WORK REQUEST										GD <input type="checkbox"/>	
Attach previously printed sample or copy with request.										Shaded areas for Graphic Arts Center use only.	
LOG NUMBER			DATE REC.			MACHINE					
WORK DESCRIPTION										FILE #	
QUANTITY NEEDED		NO. OF ORIGINALS				<input type="checkbox"/> 1 SIDE		<input type="checkbox"/> 2 SIDES		DATE NEEDED	
SCHOOL/DEPARTMENT		LOC #		CONTACT PERSON (PLEASE PRINT)						PHONE & FAX NUMBER	
COMPLETED MATERIAL WILL BE HELD FOR PICK-UP 3 DAYS PRIOR TO SHIPPING:											
BOND <input type="checkbox"/> White <input type="checkbox"/> White <input type="checkbox"/> White			INDEX <input type="checkbox"/> Blue <input type="checkbox"/> Blue <input type="checkbox"/> Blue			CARBONLESS <input type="checkbox"/> 2 Part - White/Canary <input type="checkbox"/> 3 Part - White/Canary/Pink			INKS (Newsletters Only) <input type="checkbox"/> 1/1 <input type="checkbox"/> 3/1 <input type="checkbox"/> 2/1 <input type="checkbox"/> 3/2 <input type="checkbox"/> 2/2 <input type="checkbox"/> 3/3		
<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Buff			<input type="checkbox"/> Canary <input type="checkbox"/> Canary <input type="checkbox"/> Canary			<input type="checkbox"/> 4 Part - White/Canary/Pink/Gold <input type="checkbox"/> 5 Part - White/Green/Canary/Pink/Gold					
<input type="checkbox"/> Canary <input type="checkbox"/> Gold <input type="checkbox"/> Gold			<input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Green			<input type="checkbox"/> Letter (8-1/2 X 11) <input type="checkbox"/> Legal (8-1/2 X 14)			VARIABLE DATA <input type="checkbox"/> Newsletter Database <input type="checkbox"/> Special Database <input type="checkbox"/> Permission Letter Attached <input type="checkbox"/> Mailroom Approval Attached		
<input type="checkbox"/> Gold <input type="checkbox"/> Gray <input type="checkbox"/> Gray			<input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Green			<input type="checkbox"/> 11 X 17 <input type="checkbox"/> Tabloid (17 X 22)					
<input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Green			<input type="checkbox"/> Ivory <input type="checkbox"/> Ivory <input type="checkbox"/> Ivory			<input type="checkbox"/> Pad Top <input type="checkbox"/> Pad Left <input type="checkbox"/> Fold [Attach Sample]			<input type="checkbox"/> Acco Bind <input type="checkbox"/> Addressing/Mailing <input type="checkbox"/> Distribute <input type="checkbox"/> Package _____ Per Package <input type="checkbox"/> Gbc Bind <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Shrink Wrap <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Bundled		
<input type="checkbox"/> Ivory <input type="checkbox"/> Pink <input type="checkbox"/> Pink			<input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Salmon			<input type="checkbox"/> Other _____					
<input type="checkbox"/> Pink <input type="checkbox"/> Tan <input type="checkbox"/> Tan			<input type="checkbox"/> Tan <input type="checkbox"/> Other _____			BINDERY <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"/> Fold [Attach Sample] <input type="checkbox"/> Side Stitch (2 Left Side) <input type="checkbox"/> Tape Bind <input type="checkbox"/> Saddle Stitch (Booklet) <input type="checkbox"/> Gbc Bind <input type="checkbox"/> 3 Hole Drill <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Trim To Size _____			DISTRIBUTION: <input type="checkbox"/> Ship To: _____ LOC CODE: _____ <input type="checkbox"/> PICK-UP BY: _____ SPECIAL INSTRUCTIONS: <input type="checkbox"/> 10% Discount <small>[for Graphic Arts Center Use Only]</small>		
WHITE - GAC COPY			YELLOW - SHIPPING COPY			PINK - FILE COPY			GOLD - CLIENT COPY		
AUTHORIZED SIGNATURE <small>(DIVISION HEAD/DESIGNEE OR SCHOOL SITE ADMINISTRATOR)</small>										CCSD <small>CLARK COUNTY SCHOOL DISTRICT</small>	
MACHINE DATE PRINTED OPERATOR										TOTAL IMPRESSIONS 1-SIDE 2-SIDES	
QUANTITY		• PAPER • SIZE		• TYPE/COLOR/WEIGHT •		• BINDERY (ENTER QUANTITIES) •					
						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 _____	
						ADDRESSING/MAILING _____				STUFFING (# OF ENVS'S STUFFED) _____	
						HAND BINDERY (1/4 HR.) _____				OVERTIME (1/4 HR.) _____	
						SUBCONTRACTING _____					
						COLOR COPY CHARGES _____					
• PLATES • <small>(LIST ALL COLORS INCLUDING BLACK)</small>										• MISCELLANEOUS •	
TYPE		1 ST SIDE _____		2 ND SIDE _____							
QUANTITY											
COST		TOTAL COLORWASHES _____									
				4-COLOR SET UP _____							
• JOB ESTIMATE •											
DATE SHIPPED		OPERATOR		WHSE.		MAIL		GAC DELIVERY		PICK UP	
GAC 7500											

- 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

Fiscal Procedures for Spending Federal Funds Manual
(WARNING: ONLY ELECTRONIC VERSIONS ARE CONTROLLED)

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 _____

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-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

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.



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	GL Account	Description	Business Area
100.00	Order G5635000107		5610000000	General Supplies	1000
Order	G5635000107	INDIAN EDUCATION COMPREHENSIVE - 81			
Fund	2800000000				
Funds Center	1000010137				
Commitment Item	6010000000				
Functional Area	F01001000	REG-Instruction			
Grant	0000000000005635007	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 shredded	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