Clyde CISD
Business Procedure Manual
Appendix
The Texas Education Code Subchapter B., Sec 44.031 provides for the purchase of an item that is available from a sole source. Subsection (j) and (k) from the Texas Education Code Subchapter B., Sec. 44.031 define a sole source.

Subsection (j)
Without complying with Subsection (a), a school district may purchase an item that is available from only one source, including:

1. an item for which competition is precluded because of the existence of a patent, copyright, secret process, or monopoly;
2. a film, manuscript, or book;
3. a utility service, including electricity, gas or water; and
4. a captive replacement part or component for equipment

Subsection (k)
The exceptions provided by Subsection (j) do not apply to mainframe data-processing equipment and peripheral attachments with a single-item purchase price in excess of $15,000.

I, ___________________, an authorized representative of ________________________,
(Representative’s Name)      Company Name)

have carefully, reviewed the Texas Education Code Subchapter B., Sec. 44.031 and hereby certify that we meet and comply with Subsections (j) and (k) of the aforementioned code for the sale of the following products. No one else produces our materials and we are the exclusive distributor of these listed products.

Product listing (attach additional pages if necessary):

_____________________________________________________

__________________________is claiming sole source status based on the following
(Company Name)

Please check at least one:

______ an item for which competition is precluded because of the existence of a patent, copyright, secret process, or monopoly
______ a film, manuscript, or book
______ a utility service, including electricity, gas or water
______ a captive replacement part or component for equipment

Vendor Representative Signature    Title    Date

________________________________________________________________________________________________

Vendor Address    City/State/Zip Code    Telephone Number

BOT Approved 12/17/2012
The Clyde Consolidated Independent School District is accepting bids for electric forklift and pallet truck. Bid documents, specifications or other data pertaining to these bids may be obtained at the Clyde Consolidated Independent School District Administration Office located at 425 S. Texas Street 76444-2708. Bids are to be submitted to this address and will be received until 2:00 pm, July 18, 2007, at which time they will publicly opened and exchanged. It is anticipated that the contract for these bids will be awarded at the Board of Trustees meeting on August 14, 2007. The CLYDE Independent School District reserves the right to accept or reject any or all bids as it deems to be in its best interest and to waive formalities and reasonable irregularities in bidding.

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

GENERAL TERMS AND CONDITIONS

1.1.0 Preparation of Bids

1.1.1 Bidders are expected to examine the specifications and all instructions. Failure to do so will be at the bidders’ risk.

1.1.2 Each bidder shall furnish the information required on the district's bid form. These conditions are applicable and form a part of the contract documents in each equipment and/or service contract and are a part of the terms of each Purchase Order Request for items of equipment and/or service included in the specifications and bid forms issued herewith. Erasures or changes must be initialed by the person signing the bid.

1.1.3 Unit price for each unit bid on shall be shown and such price entered in both the unit price and extended price columns of the bid form for each item bid. In case of error in extension of price, the unit price will govern.

1.1.4 When specified, bidder must definitely state time of proposed delivery. Time, if stated as a number of days, will include Sundays and holidays.

1.1.5 Trade names and numbers where indicated are provided as quality references only.

1.1.6 Bids should not include tax; the Clyde Consolidated Independent School District is tax exempt.
1.2.0 Submission of Bids

1.2.1 Bids shall be enclosed in sealed envelopes addressed per instructions, with the name and address of the bidder, the title and number of the bid, and the date and hour of opening on the face of the envelope. FAXED bids will not be accepted by the Clyde Consolidated Independent School District.

1.2.2 A list of items, when required, must be submitted within the time specified, and unless otherwise specified, at no expense to the Clyde Consolidated Independent School District. If not destroyed by testing, items will be returned at bidder's request and expense.

1.2.3 In the event that no bid is submitted, the invitation should be returned marked "no bid" unless otherwise specified. Notation should be made as to whether future invitations for this type of supplies or services covered by this invitation are desired.

1.3.0 Withdrawal of Bids

1.3.1 Bids may be withdrawn prior to the time due by written notice only.

1.4.0 Late Bids

1.4.1 Bids and modifications or withdraws thereof received after the time set for opening will not be considered.

1.5.0 Discounts

1.5.1 Prompt-payment discounts will be included in the evaluation of bids, provided the period of the offered discount is sufficient to permit payment within such period in the regular course of business.

1.6.0 Design Guides

1.6.1 Where indicated trade names and/or numbers are provided as quality references. Substitutions will be accepted only if the item is of equal or superior quality to the example provided. The Clyde Consolidated Independent School District reserves the right to make this determination and is to be furnished with an example of any item bid upon request. When bidding items with trade names and/or numbers other than those indicated in the bid specifications, this information and any other data pertinent to the evaluation of the substitution must be provided or the bid will not be considered.

1.7.0 All-or-None Bids

1.7.1 In some instances it is to the advantage of the Clyde Consolidated Independent School District to award the entire bid to one vendor. Please
review these materials carefully to determine if this is an "all-or-none" bid. If it is, and you do not complete the entire document, your bid might be totally rejected. Therefore, if you have any questions, please contact the Clyde Consolidated Independent School District Business Office prior to the submission of your bid.

1.8.0 Texas Hazard Communication Act

1.8.1 Successful bidders must furnish current material safety data sheets for any items containing any element, chemical compound or mixture of elements or compounds that is a physical hazard as defined by Federal regulations.

1.9.0 Date Field/Year 2000

1.9.1 Any equipment or component of equipment specified in this bid must be year 2000 compliant. Any software or embedded chips, which record time and date functions must be capable of operating successfully beyond the year 2000. The authorizing signature on this bid guarantees that all products being bid will work beyond the year 2000 without modification.

1.10.0 Award of Bids

1.10.1 The bid will be awarded to that responsible bidder whose bid, conforming to the invitation for bids, will be most advantageous to the Clyde Consolidated Independent School District, price and other factors considered.

1.10.2 The Clyde Consolidated Independent School District reserves the right to reject any or all bids and to waive formalities and minor irregularities in bids received.

1.10.3 The Clyde Consolidated Independent School District may accept any item or group of items of any bid, unless the bidder qualifies his bid by specific limitations. The Clyde Consolidated Independent School District reserves the right to make awards on any item for a quantity greater than the quantity bid upon at the unit price offered unless the bidder specifies otherwise in this bid.

1.10.4 Quantities indicated are as accurate as possible; however, the Clyde Consolidated Independent School District reserves the right to purchase lesser amounts than initially estimated based upon the possibility of budget limitations.

1.11.0 Contract

1.11.1 Contracts for purchase will be put into effect by means of a purchase order(s) executed by the Business Office after bids have been awarded. Any additional agreement/contract to be signed by the Clyde Consolidated
Independent School District shall be included with the bid.

1.11.2 All contracts and agreements between Merchants and the Clyde Consolidated Independent School District shall strictly adhere to the statutes as set forth in the Uniform Commercial Code as last amended.

1.12.0 Invoices and Payments

1.12.1 Seller shall submit to the Clyde Consolidated Independent School District Business Office, an original and a duplicate, on each Purchase Order Request after each delivery. Invoices shall indicate the Purchase Order Request number, shall be itemized and transportation charges, if any, shall be listed separately. Invoices should be mailed, not enclosed with merchandise.

1.13.0 Deliveries

1.13.1 Deliveries required in this bid shall be freight prepaid, F.O.B. destination and bid prices shall include all freight and delivery charges unless noted in this bid.

1.13.2 Right of inspection: Buyer shall have the right to inspect the goods at delivery before accepting them.

1.14.0 Disclosures

1.14.1 By signing this bid, a bidder affirms that he/she has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with the bid submitted.

1.14.2 By signing this bid, a bidder affirms that, to the best of his/her knowledge, the bid has been arrived at independently, and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give them an unfair advantage over other bidders in the award of this bid.

1.14.3 Bidder shall note any and all relationships that might be a conflict of interest and include such information with the bid.

SPECIFIC TERMS AND CONDITIONS

2.0.0 Instructions to Bidders

2.0.1 It is the intention of the Clyde Consolidated Independent School District to purchase an electric forklift and an electric pallet truck and will be awarded to the lowest vendor meeting specifications.
2.0.2 Any alternate bid must have detailed specification sheets and list any deviations from Clyde Consolidated Independent School District specifications.

2.0.3 All prices are to include delivery and operational instructions.

2.0.4 Written warranties and specification sheets are to be included with the returned bid.

A. Equipment Specifications/Price Sheet

3.1.0 Electric stand-up rider cushion-tired forklift: Yale Model ESC030AB or equivalent

3900 lbs at 24" load center
190" maximum lift height
83" lowered lift height
61" free lift
42" fork length
24 volt drive motor
Curtis 1205X or equivalent solid-state controls
Hydraulic hydrostatic power steering system
Triplex "hi-vis" mast or equivalent
Hour meter battery discharge indicator
Side-shifting carriage
Back-up alarm

Battery: 12-125-15, 24 volts; 875 amp/hr with 15 yr. warranty (100% coverage)

Hertner Battery Charger or equivalent TGW-12-875; 24 volts; 3-phase;
15 yr. warranty
Two headlights

Warranty information attached: ____Yes ____No

Specification Sheet attached: ____Yes ____No

Price is to include delivery and operational instructions:

Quantity (1) Price $___________

Estimated Delivery date from receipt of purchase order: ___________

List any deviations:

__________________________________________________________________
3.2.0 Walkie-Rider Electric Pallet Truck Yale Model MPE 060 LE or equivalent

- 6000 lbs lift capacity
- 48" fork length
- 27" fork spread
- 24 volt drive motor
- Curtis 24V SEM transistorized drive control or equivalent
- Convenience Tray
- Battery: General HUP 12-85-13 510 amp, 7 year warranty
- Charger: Hertner or equivalent 3-phase 100%, 15-year warranty

Warranty information attached:  ____Yes  ____No

Specification Sheet attached:  ____Yes  ____No

Price is to include delivery and operational instructions:

Quantity (1)  Price  $____________

Estimated Delivery date from receipt of purchase order: ___________

List any deviations:

__________________________________________________________________
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CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

NOTICE TO “NO BID” FORM

Dear Vendor:

Please check the appropriate box below, complete the remainder of this form and return it prior to the scheduled date and time:

☐ Our company cannot provide a quote for the line items listed in this request. Please move our name and address to the following category(ies) so that we may bid at a later date:
  Category(ies): ______________________________________________________

☐ We have chosen not to submit a bid at this time, but would like to remain on your list for this bid category. We did not submit a bid because:
  Reason(s): _______________________________________________________

  ___________________________________________________________________

☐ Please remove our name from all Clyde Consolidated Independent School District lists until further notice.
  Reason(s): _______________________________________________________

Company Name: ______________________________________________________

Representative: _______________________________________________________

Address: _____________________________________________________________
  Phone: __________________

Name of Bid and Opening Date: _________________________________________

PLEASE RETURN THIS FORM ONLY TO:

CLYDE CISD
Notice of “No-Bid”
PO Box 479
CLYDE, TX 79510

Authorized Signature: _________________________________________________

Title: ___________________________________________________ Date: __________

Thank you for your time and assistance.

Vendors who respond to this invitation with a completed bid form will remain on our mailing list. Vendors making no response at all will be removed from that listing.
CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
AFFIDAVIT OF NON-COLLUSION

By submission of this bid/proposal/quote, the undersigned certifies that:

A. This bid/proposal/quote has been independently arrived at without collusion with any bidder or competitor;

B. This bid/proposal/quote has not been knowingly disclosed and will not be knowingly disclosed, to any other bidder competitor or potential competitor, prior to the opening of bids/proposals/quotes for this project;

C. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid/proposal/quote;

D. The undersigned certifies that he/she is fully informed regarding the accuracy of the statements contained in this certification, and that the penalties herein are applicable to the bidder as well as to any person signing in his behalf.

________________________________________________
Company Name

________________________________________________
Address

________________________________________________
City/State/Zip

________________________________________________
Phone Number/Fax Number

________________________________________________
Authorized Signature

________________________________________________
Print Name/Title
The State of Texas has passed a law concerning non-resident contractors. This law can be found in the Texas Education Code under Chapter 2252, Subchapter A. This law makes it necessary for the Clyde Consolidated Independent School District to determine the residence of its offerors. In part, this law reads as follows:

“Section: 2252.001
(3) ‘Non-resident bidder’ refers to a person who is not a resident.
(4) ‘Resident bidder’ refers to a person whose principal place of business is in this state, including contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section: 2252.002
A governmental entity may not award a governmental contract to a nonresident bidder unless the nonresident underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident’s principal place of business is located.”

I certify that

____________________________________________________________
(Name of company bidding)

is, under Section: 2252.001 (3) and (4), a

______ Resident Bidder or ______ Non-resident Bidder

My/Our principal place of business under Section: 225201 (3) and (4), is in the city of

____________________________________________________________ in the state of ________________________________.

_____________________________________
Signature of Authorized
Company Representative

______________________________________ ____________________________
Print Name   Title       Date
State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or owner or operator of the business entity has been convicted of a felony.” The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person of business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person of business entity for services performed before the termination of the contract.

This notice is not required of a publicly held corporation.

I, the undersigned for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Name of Vendor: ____________________________ (please type or print)

Name of Company Official: ____________________________ (please type or print)

CHECK THE FOLLOWING APPLICABLE STATEMENT AND SIGN/DATE BELOW:

_____ A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

_____ B. My firm is not owned or operated by anyone who has been convicted of a felony.

_____ C. My firm is owned or operated by the following individuals who has/have been convicted of a felony.

   Name of individual(s): ____________________________
   Details of conviction(s): ____________________________

___________________________________________  ____________________________
Signature of Authorized Agent                        Date
Clyde Consolidated Independent School District
New Vendor Request Form

Company Name: _____________________________________________________
Federal Tax ID: ______________________________________________________
Contact Person: ______________________________________________________
Mailing Address: _____________________________________________________

_____________________________________________________
_____________________________________________________

Phone Number: _______________________________
Fax Number: _________________________________

Description of Goods/Services Provided:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Requested By: ___________________________________________________________

Principal/Dept. Head Approval: ___________________________________________

Business Office Approval: _____________________________________________
Clyde Consolidated Independent School District
Vendor Performance Report

Today’s Date: _____________________________
Your Name: _______________________________
Campus: __________________________________
Principal’s Signature: ________________________

Company Name: _____________________________
Purchase Order Request Number: _______________________
Date of Purchase Order: ________________________
Item/Catalog Number: __________________________

Please Check Reason for Noncompliance:
☐ Wrong Item Ordered
☐ Wrong Item Shipped
☐ Quality Not As Expected
☐ Item Arrived Damaged
☐ Item Arrived Defective
☐ Other_______________________________________________

Upon receipt of three (3) notifications of Nonconforming Products/Services from vendor, the vendor shall provide a written response to the business office. Vendor may be deleted from vendor file for no response or an unsatisfactory response.
State of Texas

County of___________________________

I, _______________________________________, as a Trustee of the CLYDE Independent School District Board of Trustees, make this affidavit and hereby on an oath state the following: I, or a person related to me, have a substantial interest in a business entity, as those terms are defined in Local Government Code sections 171.001-171.002, that would experience a special economic effect distinguishable from its effect on the public by a vote or decision of the board or in real property for which it is reasonably foreseeable that the board’s action will have a special economic effect on the value of the property distinguishable from its effect on the public.

The business entity or real property is: (name and address of business or description of property)

____________________________________________________________________________
____________________________________________________________________________

“‘I” or (name of relative and relationship) have/has a substantial interest in this business entity or real property for the following reasons: (check all that apply)

☐ Ownership of 10 percent or more of the voting stock or shares of the business entity

☐ Ownership of 10 percent or more of the fair market value of the business entity

☐ Ownership of $15,000 or more of the fair market value of the business entity

☐ Funds received from the business exceed 10 percent of (my, her, his) gross income for the previous year

☐ Real property is involved and (I, he, she) (have/has) an equitable or legal ownership with a fair market value of at least $2,500

Upon filing of this affidavit with the School Board’s secretary, I affirm that I shall abstain from participation in any decision involving this business entity or real property, unless permitted according to Loc. Govt. Section 171.006.

Signed this______day of_________________, 20____.

________________________________  ______________________________
Signature of Official     Title
Acknowledgment

State of Texas

County of ________________________________

BEFORE ME, the undersigned authority, this day personally appeared ______________________ and on oath stated that the above stated facts are true to the best of his/her knowledge or belief.

Sworn to and subscribed before me on the ______ day of______________________, 20____.

________________________________________________
Notary Public in and for the State of Texas

My commission expires: ______________________
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**TOTAL:** $0.00

Business Manager Signature  
DATE

**IF AMOUNT ABOVE EXCEEDS $1,000 MUST HAVE SUPERINTENDENT APPROVAL**

Superintendent Signature  
DATE
BUDGET CHANGE FORM

SUBMIT TO BUSINESS OFFICE

DATE: __________________________

Does this budget change need Board approval? □ yes □ no

Does this budget change need Program authority approval? □ yes □ no

PLEASE TRANSFER THE FOLLOWING BUDGET AMOUNTS TO/FROM THE ACCOUNTS AS LISTED:

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TOTAL SHOULD BALANCE: $ 0.00 $ 0.00

DIVISION DIRECTOR SIGNATURE

REASON FOR BUDGET TRANSFER:

________________________________________________________________________
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ACCOUNT CHANGE FORM

SUBMIT TO BUSINESS OFFICE

(Date)

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$0.00 TOTAL SHOULD MATCH $0.00

DIVISION DIRECTOR SIGNATURE

REASON FOR CHANGE:

For Business Office Use Only:

General Journal Number: 
Entered By: 
Date: 

For Business Office Use Only:
Clyde Consolidated Independent School District

Donation Approval Form

Donor Name: ________________________________________________________________

Address:   ______________________________
            ______________________________
            ______________________________
            ______________________________

Telephone: _______________________________         E-mail:______________________

Type of Donation:  _________________________________________________

Amount of Donation:  ______________________________________________

Suggested Use of Donation:  ___________________________________________
            _____________________________________________
            _____________________________________________

______________________________________                 ______________________________
Signature of Donor      Date

______________________________________                 ______________________________
Superintendent Signature     Date

______________________________________                 _______________________________
Board of Trustees Approval     Date
# CAMPUS CASH RECEIPTS

**SUBMIT TO BUSINESS OFFICE**

**PLEASE DEPOSIT THE FOLLOWING**

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**PRINCIPAL OR DEPARTMENT HEAD SIGNATURE**
# CASH COUNT SHEET

**SCHOOL/DEPT. __________________________ DATE OF COUNT __________________**

- [ ] Petty Cash  
- [ ] ___________ Change Fund  
- [ ] Other __________________

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**Total Currency** $ __________

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**Total Coins** $ __________

**Checks:** $ __________

**Petty Cash Disbursement Vouchers:** $ __________

(With attached paid receipts/invoices)

**Other:** $ __________

**TOTAL CASH AND VOUCHERS:**  $ __________

**TOTAL TO ACCOUNT FOR:** $ __________

**OVERAGE OR (SHORTAGE):** $ __________

First Person Making Count: __________________________________________________________ (Signature)

Second Person Making Count: ________________________________________________________ (Signature)
## Deposit Log

**DATE OF DEPOSIT:** 

**DEPOSIT TOTAL:** 

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ACCOUNT NUMBER</th>
<th>DEPOSIT AMOUNT</th>
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</table>

**TOTAL DEPOSIT:** 

---

**Description column:** Fill out short description of what the deposit is for...i.e. Lunchroom, Tax Deposit  

**Account column:** Will be filled in by Business Office upon receipt of Deposit Log  

**Deposit Amount column:** Fill in amount of each deposit with corresponding Description

______________________________
Campus Signature

______________________________
Business Office Signature
Clyde Consolidated Independent School District

ACH Direct Deposit Option

CLYDE CISD has the capability of depositing your payroll check, travel check, and other reimbursements directly into your bank account through the ACH Direct Deposit System.

If you would like to use this service, please complete this form, sign, attach a copy of a voided check, and submit to the Business office.

I wish to have the following reimbursements deposited into the account listed below.

☐ Payroll  ☐ Travel and/or Other Reimbursements

If you wish to have multiple accounts for deposits, please complete a form for each specific disbursement.

Employee Name____________________________________

Bank Account Number____________________  Routing Number____________________

Please check one: ☐ Checking      ☐ Savings

Bank Name________________________________________

Street Address_____________________________________

City____________________   State_________________  Zip Code________

Phone Number______________________________

______________________________
Employee’s Signature            Date
TEXAS HOTEL OCCUPANCY TAX EXEMPTION CERTIFICATE

NOTE: This certificate is for business only, not to be used for private purposes, under penalty of law. The hotel operator may request a government ID, business card or other identification to verify exemption claimed. Certificate should be furnished to the hotel or motel. DO NOT send the completed certificate to the Comptroller of Public Accounts. The certificate does not require a number to be valid. Refer to Hotel Rule 3.101 for exemptions.

Check exemption claimed:

☐ United States government or Texas government official exempt from state, city, and county taxes. Includes US government agencies and its employees traveling on official business, Texas state officials or employees who present a Hotel Tax Exemption Photo Identification Card, and diplomatic personnel of a foreign government who present a Tax Exemption Card issued by the US Department of State.

☐ Religious, charitable, or educational organization or employee exempt from state tax only. Educational organizations include school districts, private or public elementary and secondary schools, and Texas institutions of higher education as defined in Section 61.053, Texas Education Code. Beginning October 1, 2003, non-Texas institutions of higher education (public and private universities, junior colleges, community colleges) must pay the state hotel occupancy tax. Religious and charitable organizations must hold a letter of exemption issued by the Comptroller of Public Accounts to claim the exemption.

☐ Other. Organization exempt by law other than Chapter 156, Tax Code. Specify reason for exempt status below. Supporting Documentation Required.

<table>
<thead>
<tr>
<th>Name of exempt organization</th>
<th>Organization exempt status (Religious, charitable, educational, governmental)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of exempt organization (Street and number, city, state, ZIP code)</td>
<td></td>
</tr>
</tbody>
</table>

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

Guest name (Please print)  
Sign here  
Date

FOR HOTEL/MOTEL USE ONLY (OPTIONAL)

<table>
<thead>
<tr>
<th>Name of hotel/motel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of hotel/motel (Street and number, city, state, ZIP code)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Room rate</th>
<th>Local tax</th>
<th>Exempt state tax</th>
<th>Amount paid by guest</th>
<th>Method of payment</th>
</tr>
</thead>
</table>

You have certain rights under Chapters 552 and 555, Government Code, to review, request and correct information we have on file about you. To review or correct your state tax-related information, contact the Texas State Comptroller's office.

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

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

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

You can also send an e-mail to exempt.ocs@oca.state.tx.us or call (800) 252-1385.
MOTOR VEHICLE RENTAL EXEMPTION CERTIFICATE

THIS EXEMPTION CERTIFICATE IS NOT VALID FOR TAX-FREE REGISTRATION. THIS EXEMPTION CERTIFICATE MUST BE ATTACHED TO THE RENTAL CONTRACT.

<table>
<thead>
<tr>
<th>Make of vehicle</th>
<th>Motor or vehicle identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year model</td>
<td>Body style</td>
</tr>
<tr>
<td>License number</td>
<td></td>
</tr>
</tbody>
</table>

The undersigned claims exemption from payment of motor vehicle gross rental receipts tax under the Taxes on Sale, Rental and Use of Motor Vehicle Law (TEX. TAX CODE ANN. ch. 152), on the rental of the above described motor vehicle from:

<table>
<thead>
<tr>
<th>Vehicle owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (street &amp; number)</td>
</tr>
<tr>
<td>City, state, ZIP code</td>
</tr>
</tbody>
</table>

Renter claims this exemption for the following reason:

- [ ] A public agency
- [ ] A church or religious society
- [ ] A residential child-care facility licensed under Chapter 42 of the Human Resources Code to care for both children who do not require specialized care and children who are emotionally disturbed.
- [ ] Rent for Re-rental
- [ ] Farm or ranch use (farm trailer, semi-trailer, farm machinery)

Vehicle rented meets the following requirements:
- [ ] designed to carry more than six (6) passengers
- [ ] primary use must be for providing transportation to and from church or religious services or meetings
- [ ] a trailer used primarily for farming and ranching
- [ ] a self-propelled motor vehicle must have been modified to perform some specialized farm/ranch related function other than transportation, such as applying or dispensing agricultural products, plant food, materials or feed for livestock

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Authorized person

Address (street & number)

City, state, ZIP code

NOTE: THIS FORM MAY BE REPRODUCED, BUT MUST BE SUBSTANTIALLY IN THE FORM SET OUT ABOVE. DO NOT SEND THE COMPLETED EXEMPTION CERTIFICATE TO THE COMPTROLLER OF PUBLIC ACCOUNTS.
Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency

Address (Street & number, P.O. Box or Route number) | Phone (Area code and number)

City, State, ZIP code

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

Seller: __________________________

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

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

Purchaser claims this exemption for the following reason:

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

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

Purchaser | Title | Date

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

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.
# Clyde Consolidated Independent School District

## Inter-District

### Mileage Log Form

Vehicle:

<table>
<thead>
<tr>
<th>Name</th>
<th>Destination</th>
<th>Purpose</th>
<th>Date</th>
<th>Beginning Odometer Reading</th>
<th>Ending Odometer Reading</th>
<th>Account</th>
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Clyde Consolidated Independent School District
PERSONNEL ACTION NOTICE

Employee: ____________________________________________________

Assignment: __________________________________________________

1. **ADDRESS CHANGE**: No signature/approval required

   Address:________________________________________________________________________________

   City, State, Zip:__________________________________________________________________________

   Phone:____________________  Effective Date:________________

2. **LEAVE OF ABSENCE**: Employee must submit a letter requesting leave to Superintendent. (Give dates and reason)

3. **TERMINATION**: Employee must schedule exit interview with the Superintendent or designee before final paycheck will be issued.

   Date of Termination: __________________________

4. **STATUS CHANGE**:

   ___ Change in Assignment From (position):________________________________________________________

   ___ Change in hours, duties To (position):________________________________________________________

   ___ Highly Qualified (Y or N) Effective Date:____________________________________________________

   Replacement for:______________________________________________________________________________

5. **NEW HIRE**:

   Assignment:____________________________________________________________________________________

   ___ Teacher Highly Qualified (Y or N):______________________________________________________________

   ___ Director Effective Date:_____________________________________________________________________

   ___ Principal

   ___ Support Staff Days per Year:_______________________________________________________________

   ___ Maintenance Hours to Work:_______________________________________________________________

   Rate per Hour:________________________________________________________________________________

   **Total Salary:**__________________________________________________________

   **Funding Sources:**__________________________________________________________

   References Called:__________________________________________________________

   Applicants Interviewed:________________________________________________________

   Business Office Recommendation ________________________________________________

   Superintendent Approval ______________________________________________________
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tr>
<td>Date</td>
<td>__________</td>
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<tr>
<td>Name</td>
<td>______________</td>
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<tr>
<td>Home Phone</td>
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<td>Address</td>
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<td>Work Phone</td>
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<td>Mailing Address</td>
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<td>Authorized Amount</td>
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<td>Authorized for</td>
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<td>Authorization Periods</td>
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<td>Total Payments</td>
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<tr>
<td>Employee Signature</td>
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<td>Date</td>
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<tr>
<td>Business Manager Signature</td>
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<td>Date</td>
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</table>
CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
EXTRA PAY REQUEST FORM

Employee Name_______________________________________________________________    Employee No._________________

Description of Activity________________________________________________________________________________________

Campus/Location of Activity_____________________________________   Month____________________  Year_____________

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HOURLY/DAILY RATE   $____________________   ACCOUNT CODE

NO HRS   X_________________   FUND

AMT EARNED   $____________________

To be completed by Campus Principal/Supervisor

Employee Signature____________________________________Date____________________

Supervisor’s Signature____________________________________Date____________________

Administrator’s Signature____________________________________Date____________________
1) TYPE OF DISPOSITION

☐ Sale, Trade, Exchange, or Gift of Land and/or Building(s)

☐ Demolition of Building(s)

☐ Equipment or other Personal property

☐ Other, please explain briefly:

2) REASONS FOR DISPOSING OF THIS PROPERTY:

3) PROPOSED METHOD OF DISPOSITION:

☐ Public Auction

☐ Solicitation of sealed bids

☐ Other: _________________________________________________________

4) Provide a complete and detailed description of the property. If more room is necessary, additional pages may be used to clearly explain the descriptions below:

Date of original acquisition: ________________ (approximate if you do not have the exact date)

Original Cost: ___________________________

Current Resale or Market Value: ______________

Description of equipment and/or Personal Property:

Year Manufactured: ________________

Model: ___________________________

Serial Number: ______________________

Mileage: ___________________________

Other Characteristics: ______________________________________________________

Federal Purchase ☐ Yes ☐ No

Legal Description of Real Property:_________________________________________

_________________________________________   ______________________

Business Office Signature       Date

_________________________________________   ______________________

Superintendent Signature       Date
## Clyde Consolidated Independent School District
### Title I, Part A Administrative Procedures
#### Action Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Documentation</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Board of trustees approves business procedure manual.</td>
<td>January 2013</td>
<td>Board Minutes Resolution</td>
<td>Superintendent – Board of Trustees</td>
</tr>
<tr>
<td>2 Review and revise Comprehensive Needs Assessment and District/Campus Improvement Plans.</td>
<td>Spring 2012</td>
<td>Surveys, Test Scores</td>
<td>Administration</td>
</tr>
<tr>
<td></td>
<td>Summer 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Activities selected in the NCLB Federal Application align with Comprehensive Needs Assessment and DIP/CIP.</td>
<td>May 2012</td>
<td>2012-2013 Consolidated NCLB Federal Application</td>
<td>Program Director</td>
</tr>
<tr>
<td>4 CLYDE ISD will maintain documentation to ensure that Title I A expenditures are allowable. Superintendent and Program Director will ensure that expenditures are: a) Reasonable and necessary to carry out the intent and purpose of the program. b) Addressing identified needs in the Comprehensive Needs Assessment. c) Addressing activities described in the DIP/CIP. d) Evaluated for positive impact by SBDM. e) Upgrading the entire school wide educational program. f) Supplemental to other non-federal programs. CLYDE ISD is a single attendance area and does not have to do comparability. The SC 5000 in the application has determined that all campuses are Title I eligible and all campuses operate a school wide program except the high school. (OMB Circular -87)(Title I Policy Guidance)</td>
<td>On-going</td>
<td>General Ledger NCLB Application</td>
<td>Superintendent Program Director</td>
</tr>
<tr>
<td>5 Monitor payroll and non-payroll costs.</td>
<td>Monthly</td>
<td>Detailed General Ledger, General Ledger Inquiry, Payroll Earnings Register and Account Distribution Journal</td>
<td>Superintendent Business Manager</td>
</tr>
<tr>
<td>6 Will not reduce the availability of state and local funds because of the availability of Title I, Part A funds on a school wide campus.</td>
<td>September 2012</td>
<td>General Ledger</td>
<td>Superintendent Business Manager</td>
</tr>
<tr>
<td>Activity</td>
<td>Timeline</td>
<td>Documentation</td>
<td>Responsibility</td>
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Business Procedures for Administering Title I A Funds

CLYDE ISD will maintain documentation to ensure that Title I A expenditures are allowable. Principal will ensure that expenditures are:

1. Reasonable and necessary to carry out the intent and purpose of the program.
2. Addressing identified needs in the Comprehensive Needs Assessment
3. Addressing activities described in the DIP/CIP
4. Evaluated for positive impact by SBDM
5. Upgrading the entire school wide educational program
6. Supplemental to other non-federal programs

CLYDE ISD is a single attendance area and does not have to do comparability. The district has decided to serve the elementary campus. The SC 5000 in the application has determined that the elementary is a Title I A eligible campus that has a school wide program.

Administrative procedure for documenting Time and Effort

Employees are required to have a current job description that identifies the program(s) or cost objectives under which the employee works for documentation for charges to federal programs.

For teachers and paraprofessionals the daily class schedule will provide documentation of activities performed for each particular program.

A signed and dated copy of the job description and activities performed for the program should be maintained in the employee’s personnel file. The job description and the schedule must be signed by the employee and the campus principal.

Employees who do not work 100% are required to maintain Time and Effort records to account for their time. These records will be turned into the business office each month.

Employees who are 100% funded by a single grant program are required to maintain on file a signed and dated job description that clearly shows he/she is assigned 100% to that program. The job description must be signed by the employee and the campus principal.
CLYDE CISD
Semi-annual Personnel Certification Form

Grant (circle appropriate grant funding):
Title I
Title II A
Other: ___________________________

I (printed name) ____________________________, certify that I will work solely (100%) under the single grant program (circled above) as a (print position) __________________________(see attached job description) from (check one set of dates):

_____July- December, 20___
_____January- June, 20___

__________________________________    Date: ________________
Signature of Employee

AND

__________________________________    Date: ________________
Signature of Supervisor having first-hand knowledge of the work performed
Time & Effort Tracking Form

School Year:

Campus: _______________________________

Name: _______________________________

Title / Assignment(s): __________________________

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Total Time</th>
<th>Grade Level / Description of Instructional Activity</th>
<th>Special Program</th>
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Category | Percent
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F | 
U | 
D | 
I | 
G | 
Total | 

___________________________________________________  ____________
Teacher Signature              Date

___________________________________________________  ____________
Administrator Signature             Date
EXTRA DUTY PAY AGREEMENT FORM

Clyde CISD

School Year: _________

Name of Employee: ___________________________ Position: ___________________________

Agrees to work at $_________/hour for _______hours/day from__________
until______________

The program fund source to be used is (circle one): Title I A, Title IIA, State Comp., SSI, Bilingual/ESL, IDEA, HSA, Other: __________________________

Goal from Campus Improvement Plan: ____________________________________________

Activity that references this expenditure from Campus Improvement Plan: ______
________________________________________________________________________________

Employee Signature: ___________________________ Date: _______________

Principal Signature: ___________________________ Date: _______________

Note: File with Business Office
Texas Education Agency
Comparability Assurance Document
Title I, Part A
2012-2013

Name of Local Education Agency: ____________________________
County-District Number: ____________

☐ The LEA is EXEMPT from the Title I, Part A Comparability of Services requirement, OR

☐ The LEA is NOT EXEMPT. The superintendent or chief operating officer of the Title I, Part A participating LEA has reviewed and approved the submission of the completed Title I, Part A Comparability Computation Form (CCF)

If the LEA is EXEMPT from this requirement—Check the appropriate box(es) in the section below and sign the form.

This LEA is exempt from the Comparability of Services requirement because:
☐ The LEA has only one campus per grade span.
☐ The LEA does not receive Title I, Part A funding, and therefore has no Title I, Part A Campuses.

If the LEA is NOT EXEMPT from this requirement, review and check the Statements of Assurance in the box below to confirm that Title I, Part A Comparability of Services testing or the CCF has been completed appropriately and that the requisite policies have been implemented. Sign the form, scan, and upload into TCELS Reports.

Statements of Assurance

• The signatory is the duly authorized superintendent or charter school chief operating officer for the LEA.

• The data provided on the submitted Title I, Part A CCF are accurate and represent the configuration of the LEA.

• The LEA is compliant with the Title I, Part A comparability of services requirement as shown in the CCF submission for the following Grade Span groups (e.g., Elementary campuses, Middle School campuses, and/or High School campuses):

• The LEA has established and implemented the following: 1) an LEA-wide salary schedule, 2) a policy to ensure equivalence among schools in teachers, administrators, and support staff, and 3) a policy to ensure equivalence among schools in the provision of curriculum materials and instructional supplies.

Ensure to obtain the original signature of Superintendent and the Date of that signature, then scan and upload this completed Assurance via the TCELS Reports application in TEASE as the 2012-2013 Comparability Assurance Document. For complete instructions on how to upload refer to the Comparability Instructions at http://www.tea.state.tx.us/index.aspx?id=6791.

Original Signature of Superintendent or Chief Operating Officer: ____________________________
Date: ____________________________

Printed Name of Superintendent or Chief Operating Officer: ____________________________

Note: If you have questions about this requirement, please consult the CCF User Manual Part I on the link above or contact the Division of Federal Program Compliance at FPC_Compliance@tea.state.tx.us.

Due Date: November 12, 2012
Clyde Consolidated Independent School District
Travel Request Form

Name: ________________________________     Date Submitted: ___________________________

Name of Workshop/Conference: ________________________________    ESC #: ___________

Description/Purpose of Workshop/Conference: ____________________________________________
__________________________________________________________________________________

Location of Workshop/Conference: ______________ Date(s) of Workshop/Conference: _________

Departure Date: ____________________   Departure Time: ____________________
Returning Date: ____________________   Returning Time: ____________________

List others attending:
__________________________________________________________________________________

ESTIMATE OF EXPENSES:

Meals for day trips may be available with prior approval.

** This is only an estimate of expenses for determining funding available.

Will a substitute be needed? __________    Registration Fee: _________

Lodging (Number of nights): __________   Cost per night:________  Total:_____
Meals: ________ # Breakfasts_________ # Lunches _________ # Dinners    Total:_____
Travel: ___________ # Miles X state mileage rate______ = approximate cost _________

(Must use school vehicle if available)

Will a district vehicle be used? __________Yes    __________No

If yes, what type of vehicle is being requested? _______________________________________

Signature of Requesting Employee: ____________________________________ Date ___________

Principal Signature: _________________________________________________ Date ___________

Director of Curriculum &
Special Programs Signature:________________________________________ Date ___________
EMPLOYEE TRAVEL EXPENSE VOUCHER

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Employee________________________ Title__________________ Date:________________

School:_________________________ Destination_________________________

Departure date:_________ Time of Day:_________ Return Date:_________Time of Day:_________

Room will be shared with: ________________________________________________________________

Purpose of trip: _________________________________________________________________________

Payable To: Account # To Be Charged Amount

Hotel $ 

Registration $ 

Payable To: $ 

Expense Advance Actual

Total Mileage_______ X .____/mile No Mileage Advance $ 

Airfare $ 

Hotel $ 

Meals-Per Diem $ 

Registration Fee $ 

Other $ 

$ 

Total $ 

Amount owed DISTRICT if Advance is Greater than Actual

Amount owed EMPLOYEE if Actual is Greater than Advance

*I understand that receipts for advances (other than meals) must be returned to the Business Office within 30 days from return date.

Signature of Employee Date

Signature of Supervisor Date

1. Actual odometer reading (point to point) or an electronic mapping source (www.mapquest.com or equivalent) must be used to receive mileage reimbursement. See Clyde CISD Travel Guidelines regarding mileage reimbursement.

2. Advance for Hotels, Registration and Airfare cannot be made to the employee, check can only be made to the vendor. Please state above if the room is being shared.

3. A full day of meals is not paid unless the employee is gone from 7AM until 7PM. The distribution shall be as follows:

   Breakfast $ 10.00
   Lunch $16.00
   Dinner $20.00

4. Advances can only be made if this form is received in the Business Office fourteen (14) days prior to the departure date.

Date Received by Business Office:

EFFECTIVE
10/11/2011
Clyde CISD Acquisition Form

Person Making Request: __________________________________________ Date: ________________

Campus: ______________________________________ Position: __________________

Funding source: ____________________________________________________________

Program, activity, strategy described in the CIP (reference the specific strategy in the CIP)

Please put an X by the fund you are requesting to use

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Code</th>
<th>Person Responsible</th>
<th>Description of funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Title IA</td>
<td>211</td>
<td></td>
<td>Supplemental funds to meet State’s student performance standards.</td>
</tr>
<tr>
<td>____ Title IIA</td>
<td>255</td>
<td></td>
<td>Supplemental funds to improve student achievement by raising teacher and principal quality</td>
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<tr>
<td>____ State Comp Ed</td>
<td>199</td>
<td></td>
<td>Funds to increase academic achievement and reduce the drop out rate of identified at risk students</td>
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<tr>
<td>General Fund:</td>
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<tr>
<td>____ ESL</td>
<td>199</td>
<td></td>
<td>Local funds designated for specific student populations (sub object)</td>
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<td>____ GT</td>
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<td>____ Other</td>
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<td>General Fund:</td>
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<tr>
<td>____ HS Allot</td>
<td>199</td>
<td></td>
<td>Local funds designated for HS student populations (sub object) (career &amp; college ready)</td>
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<tr>
<td>Activity</td>
<td></td>
<td></td>
<td>Funds raised at the campus level for specific groups</td>
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</tbody>
</table>

Vendor: ________________________________________________________________

Address: ____________________________________________________________________________

Phone: ___________________________ Fax: ___________________________
PURCHASE REQUISITION

DATE: 
VENDOR #: 
NAME OF COMPANY: 
ADDRESS: 
CITY, STATE, AND ZIP CODE: 
PHONE #: 
FAX #: 
FUND: 

<table>
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<th>Item #</th>
<th>func</th>
<th>obj</th>
<th>sub obj</th>
<th>org no</th>
<th>prog</th>
<th>dist/area</th>
<th>quantity</th>
<th>catalog #</th>
<th>Description</th>
<th>price each</th>
<th>unit price</th>
<th>freight</th>
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Total including discounts 
Shipping/Handling
GRAND TOTAL

Remarks:

Approved by: 
Prepared by: 
Expense Reimbursement Form

Name: ____________________________
Title: _____________________________
Campus: __________________________
Phone: ____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Date Needed</th>
<th>Account Code</th>
<th>Reason</th>
<th>Amount</th>
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IMPORTANT: Please attach all supporting documentation (receipts). Reimbursement will not be made without receipts. State sales tax is not reimbursable by the district.

Comments:

Signature: ____________________________
Authorized By: ________________________

Internal Use Only

<table>
<thead>
<tr>
<th>Amount Paid</th>
<th>Check No.</th>
<th>Date</th>
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