

Section D – Forms

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McAllen ISD

Determining Worker Status Checklist

Name of worker: _____
Requested by: _____

Date: _____
Requested Start Date: _____

Purpose: It is the employer's responsibility to make a determination whether a worker is an employee or independent contractor.

Instructions: The district has elected to use this checklist to make that determination. The authorized representatives to make the determination are the Superintendent and/or Director of Finance. The "E" or "I" should be circled for all applicable criteria. No one criteria should be used to make the determination, but rather the decision should be made based on the weight of the instances of "E-Employee" or "I-Independent Contractor" selections.

Behavioral Control:		Typical Role	
The work will be done at the school district as directed by the district.		E	
The work will be done off-site at the convenience of the worker.			I
The worker will be allowed to hire additional staff to complete the work.			I
The worker will determine when and how to work.			I
The school district will determine when and how the worker will work.		E	
The worker will receive minimal instructions about how to do the work.			I
The worker will receive substantial instruction about how to do the work.		E	
Financial Control:		Typical Role	
The worker will use his/her own tools, equipment, etc.			I
The worker will use the school district tools, equipment, etc.		E	
The worker's expenses are reimbursed by the school district.		E	
The worker's expenses are not reimbursed by the school district.			I
The worker has an opportunity to make a profit or suffer a loss.			I
The worker has no opportunity to make a profit or suffer a loss.		E	
The worker provides the services to the general public.			I
The worker does not provide the services to the general public.		E	
The worker is paid a flat fee for completing the work.			I
The worker is paid an hourly, daily, or weekly wage for work performed.		E	
Type of Relationship		Typical Role	
The worker has signed an employment contract or is employed at will.		E	
The worker has signed a Prof.Services Contract for a specified task/time.			I
The worker does not receive school district benefits.			I
The worker receives school district benefits such as leave, insurance, etc.		E	
The worker is covered under the school district's workers compensation.		E	
The worker provides a Cert. of Insur. for their own workers compensation.			I
The worker is covered under the school district's liability insurance.		E	
The worker provide a Cert. of Insur. for their own general liability insur.			I
The worker provides services in a key role of the school district?		E	
The worker does not provide services in a key role of the school district?			I
The worker provides services during the absence of a regular employee.		E	
The workers provides services un-related to the absence of an employee.			I

Determination: I E By: _____ Date: _____

DONATION FORM INSTRUCTIONS

1.Fill out Section I

Section I should be filled out entirely. List non-monetary property such as computer equipment separately (i.e., by component such as printer, terminal, etc.). Show equipment manufacturer (Mfg.) and model number if applicable. If you received cash/check you can write "cash/check".

2.Is the donation >\$5,000?

Yes

No

**3.You must submit to the board for
ACKNOWLEDGMENT
(not approval). Continue to step 4.**

Go to step 4

**4.Does the property received
or monetary donation relate
to the Department of
technology, Facilities
Maintenance and
Operations, Child
Nutrition ,Athletics or
Fixed Assets?**

Yes

No

**5.Get Sections II-VII
signed as applicable. This
must be done prior to
accepting the donation**

Go to step 6

**6.Does the property
alter or modify
District owned
property or facilities?**

Yes

No

**Section VIII is signed
By Superintendent
Or designee Prior to accepting the
donation as well as by Campus
Principal/MISD Administrator receiving
the donation**

**Section VIII
Is signed
By Campus
Principal/MISD
Administrator receiving
the donation**

GIFTS, BEQUESTS OR DONATIONS

McAllen ISD is a public school district and is a political subdivision of the State of Texas and as such is exempt under section 115 of the IRS Code. The District is not a tax-exempt entity under the Internal Revenue Service (IRS) Code Section 501(c)(3). However, the district is considered a tax exempt organization that may receive charitable contributions according to the IRS Code Section 170(c)(1). Contributions to the district are deductible by donors as provided in section 170 of the IRS.

Per **CDC (LOCAL), Other Revenues, Gifts and Solicitations**, the Board delegates to the Campus Principals/Administrators the authority to accept gifts that are to be used for items beyond the basic needs of a campus/department that meet the CDC (Local) acceptance criteria. Donations greater than \$5,000 must be presented to the Board of Trustees for acknowledgement. These board agenda items must be coordinated through the Assistant/Associate Superintendent. Acceptance of any gift, bequest or donation is subject to Board policy CDC (LOCAL).

If the donated property relates to the Department of Technology, Instructional Technology, Facilities Maintenance and Operations, Child Nutrition or Athletics, approval from the corresponding department is required prior to acceptance (Sections II-VI). Examples include technology and computer equipment, construction related contracted services, food or food preparation equipment, equipment that requires additional electrical capacity and items that involve the removal or addition of permanent fixtures to buildings or grounds.

Donations to the District that alter or modify District owned property or facilities must receive approval from the Superintendent or designee prior to acceptance.

Purpose: The purpose of this form is to record the receipt of gifts and donations from individuals, firms, associations, civic organizations, and philanthropic, social or service groups. These donations may be in the form of cash or property. Gifts or bequests of nonmonetary types of property are recorded at appraised market value at the time of receipt.

SECTION I:

Describe Property (Include mfg./model) or Cash Amount	Serial # (If available)	Quantity	Per Unit Value*	Total Amount

*appraised market value

Please indicate specific purpose or instruction, if any: _____

Proposed installation method or source Donated by: _____

Print Name of Donor _____

Print Donor's Company Name (If applicable) _____

Print Donor's Address, City, State, Zip _____

Donor's Signature _____

Date _____

Section II: Department of Technology

Print Name (Department Director)

Signature

Accepted

Rejected (check one)

Rationale: _____

Special Requirements: _____

Section III: Instructional Technology

Print Name (Department Director)

Signature

Accepted

Rejected (check one)

Rationale: _____

Special Requirements: _____

Section IV: Facilities, Maintenance and Operations

Print Name (Department Director)

Signature

Accepted

Rejected (check one)

Rationale: _____

Special Requirements: _____

Section V: Child Nutrition

Print Name (Department Director)

Signature

Accepted

Rejected (check one)

Rationale: _____

Special Requirements: _____

Section VI: Athletics

Print Name (Department Director)

Signature

Accepted

Rejected (check one)

Rationale: _____

Special Requirements: _____

Section VII: Fixed Assets

Print Name (Fixed Assets Coordinator)

Signature

Print Name (Director of Purchasing)

Signature

Accepted

Rejected (check one)

Rationale: _____

Special Requirements: _____

Section VIII: Final Acceptance

Signature of McAllen ISD Administrator/Campus Principal _____

Department/Campus: _____

Signature of Superintendent or Designee (if applicable) _____

Date _____

GIFT CARD REGISTER

INSTRUCTIONS: Obtain approval for the Gift Card on a Donation Form AF-6 (attach copy).
 Record and track all gift card donations on this register.
 Maintain this register with the gift card(s) in the campus/department safe.

DEPARTMENT:		DATE RECEIVED:			
MERCHANT:		AMOUNT:			
PURPOSE (If specified by Donor):					
Date				Used	
Used	Merchant	Amount	Purpose	By	Balance

Note: Attach receipt(s) of purchases to this register.

**McALLEN INDEPENDENT SCHOOL DISTRICT
IN-DISTRICT MILEAGE FORM**

NAME _____

POSITION/TITLE _____

MONTH _____

DATE	FROM	TO	MILES	REASON FOR TRAVEL

R Total Miles _____ X \$.54 = \$ _____

NOTE: Attach the In-District Mileage Form to the **Purchase Order Status Inquiry**

Mileage reimbursements must be submitted to Accounts Payable on a monthly basis, no later than 2 weeks after the end of the month to be reimbursed. Forms submitted for mileage beyond the 2 week allowed time will require the corresponding Assistant Superintendent signature. **PO limits may also affect submission. Follow PO guidelines if limits apply to dollar amounts.**

**MCALLEN ISD
IN-DISTRICT MILEAGE CHART**

ADMINISTRATION BLDG. (2000 North 23rd)			
2	SPECIAL ED/RSR (1619 Galveston St)		
1	3 EARLY COLLEGE HIGH SCHOOL (3200 W. Pecan)		
0.5	2 McALLEN H.S. (2021 La Vista)		
3	2 MEMORIAL H.S. (101 E. Hackberry)		
2	4 ROMIE H.S. (2101 N. Ware Rd.)		
2	1 2 3 5 3 I & G (2604 Galveston Ave.)		
2	2 2 2 0.9 3 3 OPTIONS AT LAMAR ACADEMY (1009 N. 10th St)		
4	3 2 4 5 3 2 4 BROWN M.S. (2700 S. Ware Rd)		
3	4 3 2 4 2 4 4 5 4 CATHEY M.S. (1800 N. Cynthia)		
2	4 3 2 4 2 4 4 5 4 DE LEON M.S. (4201 N. 29th St)		
5	7 4 5 8 4 6 6 6 7 3 FOSSUM M.S. (7800 N. Ware Rd)		
0.6	2 0.5 1 3 1 2 2 3 3 2 5 LINCOLN M.S. (1601 N. 27th St)		
4	6 6 4 5 5 6 4 8 4 3 2 4 MORRIS M.S. (1400 Trenton)		
3	0.8 3 3 1 4 2 1 3 4 5 8 3 6 TRAVIS M.S. (600 Houston)		
1	2 0.8 2 2 2 2 1 3 4 3 5 0.7 5 2 ALVAREZ E.S. (2606 Gumwood)		
3	2 4 4 4 4 4 2 3 1 6 5 8 3 7 3 BONHAM E.S. (2400 Jordan)		
3	6 2 3 6 3 4 5 6 5 2 3 4 2 6 4 7 CASTAÑEDA E.S. (4100 N.34th St)		
0.8	2 2 0.6 2 3 3 1 4 2 3 5 1 4 2 2 4 4 CROCKETT E.S. (2112 N. Main St)		
3	2 3 3 4 3 2 3 1 6 5 7 3 7 2 2 1 6 4 ESCANDON E.S. (2901 Colbeth)		
3	1 3 3 1 4 2 1 4 3 5 7 3 5 0.6 2 3 6 2 3 FIELDS E.S. (500 Dallas)		
3	5 4 3 6 3 6 5 6 4 1 1 4 2 6 4 6 1 4 6 6 GARZA E.S. (6300 N. 29th St)		
4	6 5 4 4 5 7 4 8 3 3 3 5 1 5 5 8 3 4 7 5 3 GONZALEZ E.S. (201 E. Martin)		
4	6 4 4 6 3 5 6 5 6 2 2 4 3 7 4 7 1 2 6 7 2 5 HENDRICKS E.S. (3900 Goldcrest)		
5	4 5 6 6 5 4 5 2 8 7 10 5 9 5 4 2 8 6 3 5 8 13 8 HOUSTON E.S. (3227 Olga)		
2	3 3 1 2 3 4 1 6 0.8 3 5 2 3 3 3 5 4 1 5 3 4 3 5 7 JACKSON E.S. (501 Harvey)		
1	3 1 4 1 4 3 4 3 0.8 3 1 4 4 2 4 2 4 2 4 4 2 4 4 2 4 3 6 2 MCALIFFE E.S. (3000 Darford)		
2	4 3 1 3 3 4 2 6 2 2 4 3 3 4 3 5 3 1 5 3 3 3 4 7 1 2 MILAM E.S. (3800 N. Main St)		
1	1 1 2 1 2 2 0.9 3 3 3 6 1 5 2 0.6 3 4 1 2 2 4 5 5 5 2 2 3 NAVARRO E.S. (2100 Hackberry)		
4	6 5 4 6 5 6 4 8 5 3 2 5 .03 6 5 7 3 4 8 5 2 1 4 9 3 4 3 5 PEREZ E.S. (7801 N. Main St)		
4	5 4 5 6 4 8 4 3 2 5 0.2 5 5 7 2 4 7 5 2 1 4 9 3 3 2 5 0.1 IRAYBURN E.S. (7000 N. Main St)		
5	3 5 5 6 3 5 2 8 6 9 5 9 4 4 2 8 5 3 4 8 12 8 0.6 6 6 6 4 9 9 ROOSEVELT E.S. (4801 S. 26th St)		
5	8 4 5 8 5 7 7 9 8 3 1 6 2 8 7 9 5 6 8 8 2 4 2 10 6 5 5 6 3 3 11 SANCHEZ E.S. (2901 Incarnate Word Ave)		
0.6	3 1 0.9 3 1 3 2 4 3 1 4 0.6 4 4 1 4 3 1 4 3 3 5 3 6 2 1 2 4 5 5 SEGUIN E.S. (2200 N. 28th St)		
2	0.8 2 2 3 3 0.1 2 2 4 4 6 2 6 1 2 5 2 1 1 5 6 5 4 3 3 4 1 6 8 3 8 2 THIGPEN/ZAVALA E.S. (2500 Galveston)		
2	1 4 2 0.9 3 5 0.3 4 2 4 6 2 4 1 1 3 5 1 3 1 5 4 7 5 2 3 2 0.6 4 7 4 7 2 2 WILSON E.S. (1200 Hackberry)		

The figure given in the space where columns intersect is the appropriate distance between the two points.
All distances between campuses are one way.

NOTE: To calculate mileage for destinations not listed above go to the following website:
<http://www.mapquest.com>
August 2012

MILEAGE CHART FOR FREQUENTLY USED CITIES

Listed below are cities most frequently visited. The chart shows mileage as computed by the "The Official State Mileage Guide." This is from the city limits of McAllen to the city limits of the designated city.

CITY	ROUND TRIP	ONE WAY	CITY	ROUND TRIP	ONE WAY
Abilene	958	479	La Joya	32	16
Alamo	14	7	Laredo	286	143
Alice	220	110	Longview	1082	541
Amarillo	1456	728	Los Fresnos	102	51
Arlington	980	490	Lubbock	1234	617
Austin	598	299	Lufkin	922	461
Baytown	732	366	Lyford	80	40
Beaumont	854	427	Marshall	1108	554
Beeville	332	166	Mathis	280	140
Belton	714	357	Mission	12	6
Brownsville	112	56	Mercedes	40	20
Bryan	728	364	Pasadena	702	351
College Station	726	363	Pharr	6	3
Commerce	1106	553	Plano	1018	509
Conroe	754	377	Pleasanton	403	202
Corpus Christi	302	151	Port Arthur	864	432
Dallas	982	491	Progreso	44	22
Del Rio	642	321	Raymondville	90	45
Denton	1048	520	Rio Grande City	79	40
Donna	22	11	Rio Hondo	88	44
Eagle Pass	530	265	Robstown	270	135
Edcouch	52	26	Roma	104	52
Edinburg	20	10	San Angelo	884	442
El Paso	1480	740	San Antonio	468	234
Elsa	40	20	San Benito	79	40
Falfurrias	148	74	San Isidro	110	55
Fort Worth	970	485	San Juan	10	5
Galveston	732	366	San Marcos	538	269
George West	302	151	San Perlita	108	54
Georgetown	648	324	Santa Rosa	62	31
Grapevine	1002	501	South Padre Island	146	73
Harlingen	68	34	Sullivan City	44	22
Hidalgo	16	8	Tyler	1016	508
Houston	684	342	Uvalde	544	272
Huntsville	796	398	Victoria	440	220
Kerrville	596	298	Waco	794	397
Killeen	732	366	Weslaco	30	15
Kingsville	224	112	Zapata	187	94
La Feria	52	26			

If additional information is needed in computing mileage, please call the
Accounting Department, 632-8403

Note: To calculate mileage for destinations not listed above, the following website can be used: <http://www.mapquest.com/>; other online mapping sites are also acceptable.

McAllen Independent School District Employee Travel Meal Statement

Name _____

Travel # _____

	Maximum Allowed	Actual Amount Spent (exclude tips/gratuity and taxes)	Reimbursement Amount
Day 1	_____	_____	_____
Day 2	_____	_____	_____
Day 3	_____	_____	_____
Day 4	_____	_____	_____
Day 5	_____	_____	_____
Day 6	_____	_____	_____
Day 7	_____	_____	_____
Day 8	_____	_____	_____
Day 9	_____	_____	_____
Day 10	_____	_____	_____
Total	=====	=====	=====

I certify that the actual meal costs listed are true and correct. I understand that I must retain and may be required to validate the actual costs with detailed receipts. Actual costs that exceed the maximum daily amount will not be reimbursed.

Employee Signature

Date

Petty Cash Request Form
And
Certification of Responsibility for Food Service

Name of Department: _____

Requested By: _____

Purpose: _____

Amount Requested: _____

These funds are **ONLY** to be used as change, for vehicle registrations and any emergency situations such as parts for equipment. Petty Cash **CANNOT** be used to cash personal checks or to make any other purchases. If at any time the original requestor will no longer be responsible for petty cash, please contact Internal Audit so that an audit on Petty cash can be performed prior to making someone else responsible for Petty Cash. After the audit a new Petty Cash Request Form needs to be completed and submitted to Accounting.

I accept responsibility for the petty cash funds issued to me. I have read the Petty Cash Policies and Procedures and agree to use these funds in accordance with the rules and regulations of the McAllen Independent School District.

Requestor (Employee) Signature

Date

Approval

Director Signature

Date

Accounting Signature

Date

Petty Cash Request Form
And
Certification of Responsibility for FMO

Requested By: _____

Purpose: _____

Amount Requested: _____

These funds are **ONLY** to be used for city permits for special projects. If at any time the original requestor will no longer be responsible for the petty cash, the funds would need to be deposited and a new Petty Cash Request Form would be needed before the funds can be reissued.

I accept responsibility for the petty cash funds issued to me. I have read the Petty Cash Policies and Procedures and agree to use these funds in accordance with the rules and regulations of the McAllen Independent School District.

Requestor (Employee) Signature

Date

Approval

Director Signature

Date

Accounting Signature

Date

Petty Cash Request Form
And
Certification of Responsibility for
Athletics

Requested By: _____

Purpose: _____

Amount Requested: _____

These funds are **ONLY** to be used as change. If at any time the original requestor will no longer be responsible for the petty cash, the funds would need to be deposited and a new Petty Cash Request Form would be needed before the funds can be reissued. All funds must be deposited by May 31st.

I accept responsibility for the petty cash funds issued to me. I have read the Petty Cash Policies and Procedures and agree to use these funds in accordance with the rules and regulations of the McAllen Independent School District.

Requestor (Employee) Signature

Date

Approval

Director Signature

Date

Accounting Signature

Date

Petty Cash Request Form
And
Certification of Responsibility for Summer School

Requested By: _____

Purpose: _____

Amount Requested: _____

These funds are **ONLY** to be used as change and **CANNOT** be used to cash personal checks or to make purchases. If at any time the original requestor will no longer be responsible for the petty cash, the funds would need to be deposited and a new Petty Cash Request Form would be needed before the funds can be reissued.

I accept responsibility for the petty cash funds issued to me. I have read the Petty Cash Policies and Procedures and agree to use these funds in accordance with the rules and regulations of the McAllen Independent School District.

Requestor (Employee) Signature

Date

Approval

Principal Signature

Date

Accounting Signature

Date

SAMPLE INVOICE
(NOT TO BE USED AS ACTUAL INVOICE)

SELLER INFO:

Company Name: ABC
 Street Address: 123 ST.
 City, State ZIP: MCALLEN, TX 78501
 Phone #: 555-555-5555

INVOICE

Sale Date:	5/1/2014
Invoice #:	12345678
PO #:	P1234567
Due Date:	6/1/2014

SOLD TO:

Name: EMPLOYEE 1
 Company Name: XYZ
 Street Address: 321 ST.
 City, State ZIP: MCALLEN, TX 78502
 Phone #: 555-555-5557

Item	Quantity	Description/Item Number	Unit Price	Total Amount
1	5	Calculator Tape	\$ 3.10	\$ 15.50
2	1	Jumbo Paper Clips	\$ 5.15	\$ 5.15
3				
4				
5				
6				
7				
8				
9				
10				

Subtotal: \$ 20.65

Other Comments:

TEXAS SALES AND USE TAX WORKBOOK

A copy of this form can be found on the Sungard Dashboard under “Accounting” or you can contact the Accounting Department for a copy.

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATE

To qualify for tax exempt status when purchasing materials and/or services for District use, please submit a "Texas Sales and Use Tax Exemption Certificate" form to the vendor. This form can be found on the Sungard Dashboard under "Accounting" or you can contact the Accounting Department for a copy.

Texas Hotel Occupancy Tax Exemption Certificate

Provide completed certificate to hotel to claim exemption from hotel tax. Hotel operators should request a photo ID, business card or other document to verify a guest's affiliation with the exempt entity. Employees of exempt entities traveling on official business can pay in any manner. For non-employees to be exempt, the exempt entity must provide a completed certificate and pay the hotel with its funds (e.g., exempt entity check, credit card or direct billing). This certificate does not need a number to be valid.

Name of exempt entity	Exempt entity status (Religious, charitable, educational, governmental)
Address of exempt organization (Street and number)	
City, State, ZIP code	

Guest certification: I declare that I am an occupant of this hotel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct. I further understand that it is a criminal offense to issue an exemption certificate to a hotel that I know will be used in a manner that does not qualify for the exemptions found in the hotel occupancy tax and other laws. The offense may range from a Class C misdemeanor to a felony of the second degree.

Guest name (Type or print)	Hotel name
Guest signature	Date

sign here ▶

Exemption claimed

Check the box for the exemption claimed. See Rule 3.161: Definitions, Exemptions, and Exemption Certificate.

- United States Federal Agencies or Foreign Diplomats.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.
- Texas State Government Officials and Employees.** (An individual must present a Hotel Tax Exemption Photo ID Card). Details of this exemption category are on back of form. This limited category is exempt from state and local hotel tax. Note: State agencies and city, county or other local government entities and officials or employees are not exempt from state or local hotel tax, even when traveling on official business.
- Charitable Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Educational Entities.** Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Religious Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Exempt by Other Federal or State Law.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.

Permanent Resident Exemption (30 consecutive days): An exemption certificate is not required for the permanent resident exemption. A permanent resident is exempt the day the guest has given written notice or reserves a room for at least 30 consecutive days and the guest stays for 30 consecutive days, beginning on the reservation date. Otherwise, a permanent resident is exempt on the 31st consecutive day of the stay and is not entitled to a tax refund on the first 30 days. Any interruption in the resident's right to occupy a room voids the exemption. A permanent resident is exempt from state and local hotel tax.

Hotels should keep all records, including completed exemption certificates, for four years.

Do NOT send this form to the Comptroller of Public Accounts.

Travel Check List

Check List

Hotel Occupancy Exemption Form (to be given to hotel at the time of check in)*

Sales Tax Exemption Form (to be used for parking and meals)*

Is the car rental filled up prior to returning to Enterprise*

All receipts must be itemized*

Is the gratuity automatically assessed by the restaurant *

Is there a roster attached to each receipt indicating how many student/employee meals were purchased

All fuel receipts must be itemized showing the price per gallon and the number of gallons*

* If not followed the sponsor or student activity fund (if applicable) will need to reimburse the District for these expenses

MOTOR VEHICLE RENTAL EXEMPTION

The Motor Vehicle Rental Exemption Certificate is to be used when District employees rent a vehicle while on school business. Please insure your staff is made aware of this certificate and that is taken with them on trips where a rental vehicle is to be used for travel while on school business.

Not all vehicle rental agencies accept the MISD Motor Vehicle Rental Exemption Certificate. Therefore, it should be verified that the vehicle rental agency selected will honor the MISD Motor Vehicle Rental Exemption Certificate prior to traveling. Accounting will not reimburse unauthorized taxes.

Vehicles must be filled up with gasoline prior to returning to the rental agency. If the vehicle rental agency must fuel the vehicle, the individual who rented the vehicle will reimburse MISD the difference between the vehicle rental gas rate and the MISD gas rate. The MISD gas rate will be based on the rate at the service station located on the corner of FM 495 and Bicentennial Street at the time travel is being reviewed for reimbursement by Accounting.

Reminder: When renting a vehicle for school business, the Physical Damage insurance, also referred to as loss Damage Waiver or Comprehensive Damage insurance, needs to be purchased. It is important for all employees who will be driving the vehicle be placed on the physical damage insurance list with the rental agency. District policy only covers liability insurance on a rental vehicle.

Personal injury protection, uninsured motorist coverage, and medical payment coverage is not reimbursed by the District.

Due to the increased liability of an at-fault vehicle accident, **the District prohibits personal vehicle use to transport students.** The District does not carry auto liability insurance or physical damage insurance for employee owned vehicles. If a district employee has an at-fault vehicle accident and is sued, the employee's vehicle insurance policy will be primary and must respond first.

If ten or more students are to be transported, you must requisition a school bus.

For further information on requisitioning a school bus or insurance coverage, contact the Director of Transportation or Director Employee Benefits, Safety & Risk Management, respectively.

To ensure all liability issues have been addressed, whether renting a vehicle or utilizing a personal vehicle, you must contact the Insurance and Employee Benefits department at 618-7380.

Motor Vehicle Rental Tax Exemption Certificate

*This certificate is **not** valid for tax-free registration. This exemption certificate **must** be attached to the rental contract.*

Make of vehicle		Vehicle identification number	
Model year	Body style	License plate number	

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:

Name of rental company		
Address (Street and number)		
City	State	ZIP code

Renter claims this exemption for the following reasons:

Childcare Facilities - Motor vehicles used or rented by a qualified residential childcare facility and used primarily to transport children residing at the facility are exempt from motor vehicle rental tax. A qualifying residential childcare facility is a facility that is licensed by Texas Department of Family and Protective Services (DFPS) under Human Resources Code Chapter 42 to provide residential care 24 hours a day and provides this care in a single residential group to children who do not require specialized services or treatment and to children who are emotionally disturbed. For the motor vehicle rental tax exemption, the DFPS license will state one of the following types of qualifying residential childcare facility:

- independent foster group home
- independent foster family home
- institution providing basic care
- institution serving mentally retarded children
- emergency shelter
- residential treatment center
- therapeutic camp
- child-placing agency that directly provides residential childcare

Churches or Religious Societies - A qualified church or religious society is exempt from paying motor vehicle rental tax on trailers; or a motor vehicle designed to carry more than six passengers. A qualified church or religious society is an organized group of people regularly associating for the sole purpose of holding, conducting and sponsoring religious worship according to the rites of the group.

Farm Trailers and Other Farm Vehicles - Farm machines, trailers and semi-trailers used primarily (at least 80 percent of the time) for farming and ranching, including the raising of poultry and operation of feedlots, are exempt from motor vehicle rental tax. The qualified farm trailer/vehicle must be used on a farm or ranch in the production of crops, livestock or other agricultural products to be sold in the regular course of business. A farm or ranch includes a dairy farm, commercial orchard, commercial greenhouse, feedlot or a similar commercial agricultural operation that is the original producer of agricultural products. Renters must provide a current ag/timber number issued by the Comptroller in order to claim this exemption. Tax is due if renter does not have an ag/timber number. For more information, visit www.comptroller.texas.gov/taxes/ag-timber/.

Ag/timber number issued by the Comptroller of Public Accounts: _____ expires Dec. 31, 20_____


Public Agencies - A public agency is exempt from motor vehicle rental tax. A public agency includes the federal government; an open-enrollment charter school; a department, commission, board, office, institution or other agency of the state of Texas or of a county, city, town, school district, hospital district, water district or other special district, authority or political subdivision created by or pursuant to the constitution or the statutes of Texas. An organization can receive federal or state funds and still not be entitled to an exemption from motor vehicle rental tax.

Rentals for Re-Rental - An entity in the business of renting motor vehicles can rent a vehicle tax free to hold for re-rental.

Motor vehicle rental permit number issued by the Comptroller of Public Accounts: _____

Timber Operations - Timber machines and trailers used primarily (at least 80 percent of the time) in timber operations are exempt from motor vehicle rental tax. A timber machine is a self-propelled motor vehicle specially adapted to perform a specialized function for use primarily in timber operations. Timber machines and trailers qualify for exemption if they are used in the production of timber, including land preparation, planting, maintenance and gathering of trees commonly grown for commercial timber. Renters must provide a current ag/timber number issued by the Comptroller in order to claim this exemption. Tax is due if renter does not have an ag/timber number. For more information, visit www.comptroller.texas.gov/taxes/ag-timber/.

Ag/timber number issued by the Comptroller of Public Accounts: _____ expires Dec. 31, 20_____

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.		
Name of tax-exempt person or organization		
Authorized person		
sign here 		
Address (Street and number or P.O. Box number)		
City	State	ZIP code

R

**McAllen ISD
EMPLOYEE TRAVEL CARD AGREEMENT
(EMPLOYEES WITHOUT A CARD ISSUED IN THEIR NAME)**

I, _____, hereby request a McAllen ISD Travel Card. As a cardholder, I have read, understand and agree to comply with the McAllen ISD Travel Card Policies and Procedures. I fully understand that misuse or abuse of the travel card may result in revocation of the card and appropriate disciplinary action which may include termination of my employment.

_____ I agree to use this card for official approved school related travel expenses only.

_____ I agree that I will not use this card to pay for unauthorized travel expenses, such as:

- state hotel taxes for lodging within the state of Texas,
- gratuity not automatically accessed by the eating establishment
- any other expense prohibited in the district’s travel guidelines.

_____ I agree that I will not use this card to pay for personal expenses such as alcoholic beverages, expenses for family members, entertainment, or my personal travel expenses before or after the official travel dates.

_____ I agree to submit the travel card to the appropriate Accounting Clerk within 1 business day upon my return from my business travel.

_____ I agree to submit proper documentation (detailed original receipts) within 3 business days after returning from my business travel and understand that I will be responsible for reimbursing the district for any lost receipts.

_____ I agree that if the travel card is lost or stolen, I will immediately notify Compass Bank (1-877-558-8814) and the McAllen ISD Program Administrator, Iris Luna (Iris.luna@mcallenisd.net).

Employee Signature

Campus/Department

Date

To be completed by Accounting/ Department

Travel Expense Limit: \$ _____

Travel Card Number (last 4 digits): _____ Travel Form # _____

Department/Accounting Clerk Signature

Date

Date Returned _____ Employee Signature _____

R

**McAllen ISD
EMPLOYEE TRAVEL CARD AGREEMENT
(EMPLOYEES WITH A CARD ISSUED IN THEIR NAME)**

I, _____, agree to the following regarding my use of the BBVA Compass Travel Card that has been issued to me. As a cardholder, I have read, understand and agree to comply with the McAllen ISD Travel Card Policies and Procedures. I fully understand that misuse or abuse of the travel card may result in revocation of the card and appropriate disciplinary action which may include termination of my employment.

_____ I agree to use this card for official approved school related travel expenses only.

_____ I agree that I will not use this card to pay for unauthorized travel expenses, such as:

- state hotel taxes for lodging within the state of Texas,
- gratuity not automatically accessed by the eating establishment
- any other expense prohibited in the district’s travel guidelines.

_____ I agree that I will not use this card to pay for personal expenses such as alcoholic beverages, expenses for family members, entertainment, or my personal travel expenses before or after the official travel dates.

_____ I agree to submit the travel card to the Accounting Department at the time I will no longer be working for McAllen ISD

_____ I agree to submit proper documentation (detailed original receipts) within 3 business days after returning from my business travel and understand that I will be responsible for reimbursing the district for any lost receipts.

_____ I agree that if the travel card is lost or stolen, I will immediately notify Compass Bank (1-877-558-8814) and the McAllen ISD Program Administrator, Iris Luna (Iris.luna@mcallenisd.net).

Employee Signature

Campus/Department

Date

To Be completed by Accounting Department

Travel Card Number (last 4 digits): _____

Accounting Clerk Signature

Date

Date Returned _____

Employee Signature _____