TREASURER'S OFFICE



Accounting Procedures Manual

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General Purchasing Procedures:

Purchase Orders are required and must be processed in advance of all services and goods purchased.

Requisitions:

The originator can be a teacher, secretary, transportation, maintenance, etc. The originator sends the requisition to whoever is authorized to approve the expenditure.

Once the requisition form has the approval signatures then it is entered into USASWEB/RAM by the building secretaries.

If using a new Vendor, fill out the Vendor Form, get a W-9 and turn it in with the requisition.

It is up to the originator to communicate (e-mail preferred) clearly to the Treasurer's office about any special requests for payment. Requests must be added to the requisition.

See Appendix: Sample Forms – Requisition, Vendor and W-9 forms.

Requisitions must include the following essentials:

Vendor name - complete address and phone & fax number.

Budget account number(s)

Item Description - detailed

Prices –verify amount, most recent catalog if using. Attach quote whenever possible.

Shipping & Handling costs shall be listed as a separate line on the requisition, if it is not

included in the unit price. Such delivery costs are charged to the same budget.

If shipping and handling is free, note that on the requisition.

Principal, Administrator or Superintendent reviews and signs all purchase requisitions for the items

All necessary back up documentation including quotation sheets, registration forms, etc., must be sent to the Treasurer's office and must reference the requisition number that was submitted through the USASWEB.

Purchase Order Generation

Once approved by the Superintendent and the Treasurer. The treasurer's office will convert the requisitions into purchase orders.

Once printed, the original purchase order is sent to the vendor, the green copy is returned to the originator and the pink copy is filed in the open purchase order file.

Purchase orders are posted and printed daily. It normally takes two to three days from the receipt of an accurately completed purchasing requisition to generate and mail/fax a purchase order to a vendor. Any time an emergency purchase order is needed, the Superintendent or Treasurer needs to approve it.

Employee Reimbursement

For Purchases

Employee purchases require advance approval by the Superintendent, Administrator or Principal. Once approved, a requisition is created in the employee's name.

The school is prohibited, as well as exempt, from paying and/or reimbursing sales tax. A sales tax exemption form is available by contacting the Treasurer's Office.

After purchasing the approved item(s), the employee must attach all original itemized receipts to the purchase order and obtain the supervisor's signature on the originator copy (green).

For purposes of reimbursement, original receipts can be any of the following:

items purchased with cash/debit card - an original itemized cash register receipt or hand written receipt from the vendor indicating a cash sale.

items purchased with a check - a copy of the front and back of the cancelled check and an original itemized receipt for item(s) purchased.

items purchased with a credit card - an original receipt and a copy of the credit card receipt, signed by the employee, detailing the item(s) purchased,

Travel to Meetings and Conferences

All conferences and/or travel expenses that are to be reimbursed through school funds must be pre-approved by the approving authority and or Superintendent.

Request to Attend Meeting Form (see appendix) filled out and signed by the administrator and the superintendent prior to attending

Whenever possible, conference registration fees will be paid with a purchase order and should not require any out of pocket expenses by the employee. Employees traveling to conferences are only reimbursed for their travel expenses in special circumstances that have been pre-approved by the Superintendent in advance of the conference

Once the request for conference or travel is approved, it will be entered and purchase order is generated for the employee. The original Request to Attend form (see appendix) must be submitted to the Treasurer's office.

Employees using personal automobiles will be reimbursed at the current IRS rate per mile. Mileage is determined from school or home, whichever is closer to your destination.

Reimbursement for Travel to Meetings and Conferences cont'd

In order to be reimbursed for conference and/or travel, the employee must complete

Receipts after Trip Completion form (see appendix), attach all original detailed receipts and obtain the Administrator or Superintendent Signatures.

Reimbursement for meals. For amount refer to the Organizational Meeting minutes.

Alcoholic beverages will not be reimbursed.

Detailed itemized receipts are required for reimbursement. The credit card receipt without the detailed itemized receipt will not be acceptable. Unless prior approval from the treasurer If a reasonable gratuity tip is clearly identifiable on the receipt; it may be included for reimbursement. If there is no documentation of the amount of tip paid on the receipt, it will not be reimbursed.

Reimbursements will be turned in no later than forty-five (45) days after the meeting/conference and also within the fiscal year which the expenditure was made.

REQUESTS FOR TUITION REIMBURSEMENT

Tuition reimbursement form request must be turned in to the Superintendent prior to taking the course. Once the Superintendent signs the approval, it will be returned to the teacher.

To be reimbursed you must turn in the following:

The original signed Tuition Reimbursement form with the Superintendent signature.

Photocopy of an official transcript

Proof of Tuition Cost (billing that includes all fees and tuition) showing class name

Proof of Payment - Receipt from the college, front/back of canceled check or credit card statement showing course and cost.

Applicants must complete the courses with a grade of "A", "B" or "C". Classes graded by "Satisfactory/Unsatisfactory" or "Pass/Fail" are determined by the Superintendent if the class is eligible for reimbursement.

Employee who receive tuition reimbursement and voluntarily terminate their employment with Richmond Heights Local Schools within one year of the reimbursement will have to reimburse Richmond Heights Local Schools 100% of the tuition reimbursement in full before last check will be issued and/or their employment records will be released.

Tuition reimbursements will be turned in no later than thirty (30) business days after the completion of class.

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"It's the Dawning of a New Day"

VENDOR FORM

Company Name:			
			Zip:
Phone:		_ Fax:	
Website:			
Taxpayer ID#: SS#:			
Order Address:			
City:	State:		Zip:
Phone:		_ Fax:	
E-Mail :			
Payment Address:	· · · · · · · · · · · · · · · · · · ·		
City:	State: _		Zip:
Phone:	*	Fax:	
Contact Name:	<u> </u>		
Email:			
Phone:		_ Fax:	
Attached W-9· DY	es \square No		

Form W-9
(Rev. December 2014)
Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not	leave this line blank.					
le 2.	2 Business name/disregarded entity name, if different from above						
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following Individual/sole proprietor or Corporation S Corporation single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S co	Partnership Tr	ust/estate	4 Exempt certain en instruction Exempt pa	tities, not is on page	individúa e 3):	
Print or type	Note. For a single-member LLC that is disregarded, do not check LLC; check the tax classification of the single-member owner.	_	above for	Exemption code (if ar		TCA repo	orting
F	☐ Other (see instructions) ▶			(Applies to acc	counts mainta	ined outside	the U.S.)
pecific	5 Address (number, street, and apt. or suite no.)	Reques	ster's name a	and address	(optional)	
See S	6 City, state, and ZIP code						
	7 List account number(s) here (optional)	I					
Par	Toyngyor Identification Number (TIN)						
THE RESIDENCE IN		to a second design of the second of	Social soc	curity numb			
backu reside	our TIN in the appropriate box. The TIN provided must match the name gip withholding. For individuals, this is generally your social security number at alien, sole proprietor, or disregarded entity, see the Part I instructions or s, it is your employer identification number (EIN). If you do not have a numb	(SSN). However, for a page 3. For other	Social sec	-	-		
	page 3.	or, ordinar to ger a	or			•	
Note.	If the account is in more than one name, see the instructions for line 1 and	the chart on page 4 for	Employer	identificati	on numb	er	
guideli	nes on whose number to enter.			-			
Part	II Certification						
Under	penalties of perjury, I certify that:						
1. The	number shown on this form is my correct taxpayer identification number	(or I am waiting for a numb	per to be is	sued to m	e); and		
Ser	n not subject to backup withholding because: (a) I am exempt from backup vice (IRS) that I am subject to backup withholding as a result of a failure to longer subject to backup withholding; and	o withholding, or (b) I have report all interest or divid	not been r ends, or (c)	notified by the IRS h	the Inter as notifie	rnal Reved me t	enue hat I am
3. I an	n a U.S. citizen or other U.S. person (defined below); and						
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from	om FATCA reporting is cor	rect.				
becaus interes genera	cation instructions. You must cross out item 2 above if you have been not see you have failed to report all interest and dividends on your tax return. For t paid, acquisition or abandonment of secured property, cancellation of deally, payments other than interest and dividends, you are not required to significant on page 3.	or real estate transactions, bbt, contributions to an inc	item 2 doe lividual reti	es not app rement arr	ly. For mangement	iortgag nt (IRA)	e , and
Sign Here	Signature of U.S. person ►	Date ►					
Gen		Form 1098 (home mortgage in	iterest), 1098	3-E (student	loan inter	rest), 109	98-T

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments, Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- \bullet Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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"It's a new day for the Richmond Heights way."

REQUISITION REQUEST FORM

*Please fill out **ENTIRE** form before submitting for approval.

Date:				
Teacher/Administrator Sub				
Reason for Request:				
BUDGET ACCOU	NT#:			
Vendor Name:		Vendo	r Number:	
Address:				
			Zip:	
Telephone#:	Fax#	#		
Email:				
Qty	Description	Catalog Number		Total Cost
	 			
Shipping & Handlin	g			\$
Total Cost	-			\$

_ Date: _

Superintendent's Approval: ___

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"It's a new day for the Richmond Heights way."

EMPLOYEE'S REQUEST TO ATTEND PROFESSIONAL MEETING

- 1. Is purchase order attached with this request?
- 2. Has this form and purchase order been signed by principal?
- 3. Form 2 for expenses and receipts need to be turned in at completion of meeting and sent to the superintendent's office to complete reimbursement.

Person Making F	Request			Date
Title of Meeting				
Meeting Place	-		Date	No. of Days
Purpose and Scop				
Benefits to be Der	rived			
Substitute Needed	l:	Yes	No	
	ITEM	ESTIMATED EX	<i>YPENDITURES</i>	PRESENT REIMBURSEMENT RATES
	Registration			
	Transportation			Car Rate - \$.535 per mile
	Food			
	Lodging		····	
	Other (List)			
	TOTAL			_
Action Taken	Yes	No	Date	
Signatures: Person Making Re	equest	· · · · · · · · · · · · · · · · · · ·		
Principal			Superintende	ent
Other				

FORM #1

447 RICHMOND RD. RICHMOND HTS., OHIO 44143 PHONE: 216-692-0086 FAX: 216-692-2820

"It's a new day for the Richmond Heights way."

	NDENT WITH RECEIPTS AFTER TRIP ON.			Date	
lame of person to	o whom check is to be written:	-			
Address		City St	ate		Zip Code
FOR:	Expenses connected with attendance at the	he following:			
	Meeting Attended				
	Meeting Location				
	Date(s) From		То	<u> </u>	
MILEAGE:	miles x \$ 0.535	cents per mil	е	\$	
	Bus/Airplane Fair (receipt attached)	conto por min		\$	
	Registration Fee (receipt attached)			\$	
	Hotel Room (receipt attached)			\$	
	Meals (itemized list or receipts attached)			\$	
	Parking (receipt attached)			\$ _	
	Taxi or Local Bus Fare	trips @		\$	
	Other Expenses: (receipts attached)	po @			
	care Expenses (receipte difference)			\$	
				\$	
	TOTAL REIMBUR	SEMENT		\$_	
			- / ,-		
signature of Person	n Making Application	Sı	uperintende	nt's Approva	

NOTE: PAYMENT WILL NOT BE AUTHORIZED UNTIL THE REPORT COVERING THIS PROFESSIONAL TRIP HAS BEEN SUBMITTED WITH THE FORM.

FORM #2



RICHMOND HEIGHTS LOCAL SCHOOL DISTRICT



APPLICATION FOR APPROVAL OF GRADUATE COURSE WORK PARTIAL REIMBURSEMENT OF PAID TUITION

\$800.00 for the 2017-18 school years (Begins September 1 – Ends August 31)

Zame				Date		
Current Teach	Current Teaching Assignment					
School Building	80					
NOTE TO APPLICANT: After approval has been gra or official transcript) and	PLICANT: las been granted, one copy of the script) and tuition receipt to the S	applicat Superinte	NOTE TO APPLICANT: After approval has been granted, one copy of the application will be returned to you. After you have completed your course, bring your grade slip (or official transcript) and tuition receipt to the Superintendent's Office for reimbursement purposes.	u have completed your rposes.	course, br	ing your grade slip
	COURSE	REQUE	COURSE REQUESTED FOR PARTIAL TUITION REIMBURSEMENT	REIMBURSEMENT		
Course Number	Course Name	Course Cost	Name of University	Dates of Attendance From /To	Number of Quarter Hours	Number of Semester Hours
Superintend	Superintendent's Signature Approving Cou	Course			Date	
Grade SI	Grade Slip/Official Transcript Received		Tuition Payment Receipt Received	\$Amc	ount Appro	Amount Approved for Payment