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McAllen ISD Determining Worker Status Checklist

| Name of worker: | Date: | |
|-----------------|-----------------------------|--|
| Requested by: | 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: | Typica | l 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: | Туріса | l 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 | Туріса | l 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 compenation. | 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: ____



GIFTS, BEQUESTS AND 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 Superintendent the authority to accept unsolicited gifts on behalf of the District. However, any gift that the potential donor has expressly made conditional upon the District's use for a specified purpose, or any gift of real property, shall require Board approval.

Criteria for acceptance: The District shall not accept any gift that would violate or conflict with policies of or actions by the Board or with federal or state law.

Before the Superintendent accepts a gift or recommends acceptance of a gift to the Board, as applicable, the Superintendent shall consider whether the gift:

- 1. Has a purpose consistent with the District's educational philosophy, goals, and objectives;
- 2. Places any restrictions on a campus or District program;
- 3. Would support a program that the Board may be unable or unwilling to continue when the donation of funds is exhausted;
- 4. Would result in ancillary or ongoing costs for the District;
- 5. Requires employment of additional personnel;

R

- 6. Requires or implies the endorsement of a specific business or product [see GKB for advertising opportunities];
- 7. Would result in inequitable funding, equipment, or resources among District schools or programs (Title IX);
- 8. Obligates the District or a campus to engage in specific actions; or
- 9. Affects the physical structure of a building or would require extensive maintenance on the part of the District.

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, Athletics and/or Fixed Assets, approval from the corresponding department is required prior to acceptance (Sections II). 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.



DONATION FORM EXEMPTIONS:

<u>Consumables</u> will not require a donation form and are not subject to the Donation flow chart. Please note that some organizations may request a donation form for tax purposes and we must abide.

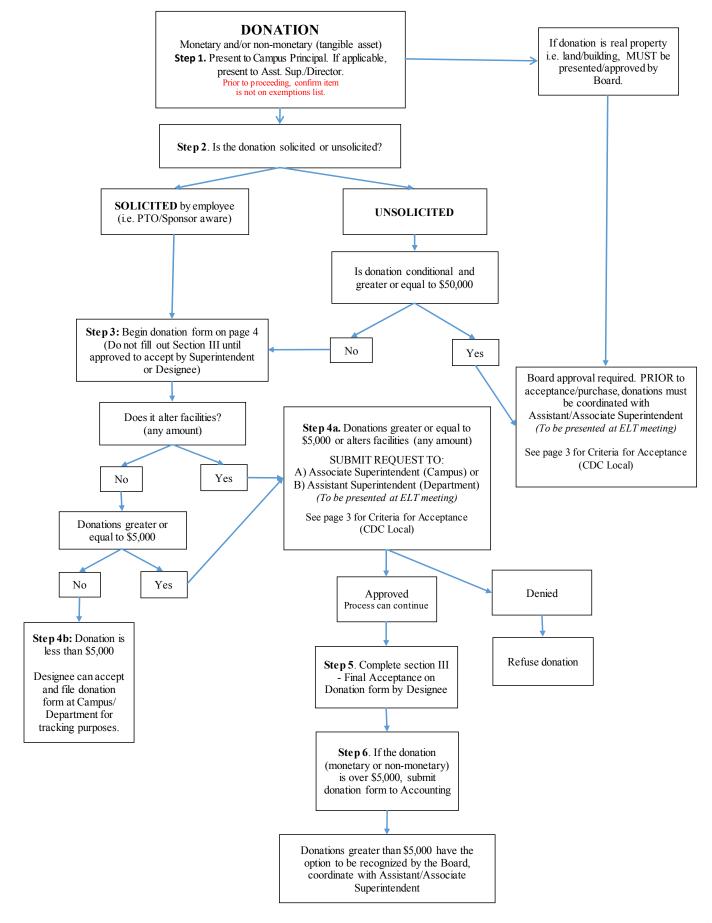
Consumables includes commodities that are intended to be used quickly, usually within one year.

Examples of consumables include:

- 1. Food and drinks (Athletics must adhere to UIL rules),
- 2. Merchandise, i.e. pens/paper mugs, swag, etc.
- 3. Short term use props/items
- 4. Banquets,
- 5. Entertainment tickets, i.e. amusement park
- 6. Travel (Athletics must adhere to UIL rules)
 - a. Due to liability issues, it is recommended to use the District's procurement process when paying for charter bus services; however, if paying directly to vendor must use the District's approved vendors. These vendors have been vetted and meet the safety requirements for our students.

Note: These exemptions only apply if donor/PTO/Booster pay directly to vendor. There is no dollar limit on these exemptions. If monies are provided to District for the above purposes, donation must adhere to District policy, as noted in the previous page.

Donation Form Instructions



**Any donation made to the District becomes the Sole Property of the District.*

McAllen ISD Donation Form

See consideration guidelines on previous page.

SECTION I:

| Solicited Unsolicited | Does | s donation alter | facilities? | | |
|--|-------------------------|------------------------|-------------|--------------------|--------------|
| Describe Property (Include mfg./model) or Cash Amount | | Serial # pplicable) | Quantity | Per Unit Value* | Total Amount |
| | | | | | |
| | | | | | |
| *Appraised Market Value. Additional page | ge can be ad | ded as needed. | | | |
| Please indicate specific purpose or instruc | ction, if any: | | | | |
| Proposed installation method or source de | onated by: _ | | | | |
| Print Name of Donor: | | | | | |
| Print Donor's Address, City, State, Zip: | | | | | |
| | | | | | |
| Donor Signature | | Dat | ie | | |
| SECTION II: | | | | | |
| Department | Accepted | Rejected | Dept. Direc | tor Signature | Date |
| Department of Technology | | | | | |
| Instructional Technology | | | | | |
| Facilities, Maintenance & Operations | | | | | |
| Child Nutrition | | | | | |
| Athletics | | | | | |
| Fine Arts | | | | | |
| Fixed Assets | | | | | |
| Rationale: | | | | | |
| Special Requirements: | | | | | |
| SECTION III: Final Acceptan | <mark>ce (Requ</mark> i | ired) | | | |
| Signature of McAllen ISD Administrator | /Campus Prin | ncipal: | | | |
| 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 | Ву | Balance |
| | | | | | |
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Note: Attach receipt(s) of purchases to this register.

McALLEN INDEPENDENT SCHOOL DISTRICT IN-DISTRICT MILEAGE FORM

NAME

POSITION/TITLE_____

MONTH_____

| DATE | FROM | то | MILES | REASON FOR TRAVEL |
|------|------|----|-------|-------------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

Total Miles _____X \$.575 = \$_____

| NOTE: Attach the In-District Mileage Form to the Purchase Order Status Inqu |
|---|
|---|

Mileage reimbursements must be submitted to Accounts Payable once the reimbursement is \$50 or more, or at the end of the semester (December/May), whichever comes first. Forms submitted for mileage beyond the semester deadline will require the corresponding Assistant Superintendent signature.

PO limits may also affect submission. Follow PO guidelines if limits apply to dollar amounts.

| CALLEN ISD | CT MILEAGE CHART |
|------------|-------------------------|
| MCAL | IN-DISTRICT |

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2 2 The tigure given in the space where columns if 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

| 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 | | | |

McAllen Independent School District Employee Travel Meal Statement

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:

INVOICE

| Company Name: | ABC | |
|------------------|-------------------|------------|
| Street Address: | 123 ST. | Sale Date: |
| City, State ZIP: | MCALLEN, TX 78501 | Invoice #: |
| Phone #: | 555-555-5555 | PO #: |
| | | Due Date: |
| 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 F | Price | Total A | 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: <u>\$</u> 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 T

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 : 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 or | back | of form. |
|---|-----------|---------|-----------|----------|--------|------|----------|
| This category is exempt from state and local hotel tax. | | | | | | | |

| Texas State Government | and Employees. (An individual must present a Hotel Tax Exemption Photo ID |
|--------------------------------------|--|
| Card). Details of this exemption ca | ategory are on back of form. This limited category is exempt from state and local |
| hotel tax. Note: State agencies and | d city, county or other local government entities and officials or employees are not |
| exempt from state or local hotel tax | x, 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.

<u>Check List</u>

| <u>All Travel</u> | |
|--|--|
| Hotel Occupancy Exemption form needs to be given to the hotel at the time of check in | |
| - Make sure to get an itemized receipt showing the method of payment | |
| Sales tax exemption form is needed for parking at the hotel | |
| Make sure you give a copy of the car rental PO to the rental agency at the time of picking up | |
| Make sure the car rental is filled up prior to returning to Enterprise | |
| All receipts must be itemized | |
| - sales tax will not be reimbursed by the District | |
| - Fuel receipts must show the number of gallons purchased and | |
| the price per gallon - Receipts must be turned into your Bookkeper/Secretary within 1 business day of returning from your trip | |
| Credit Cards must be returned to Accounting within 1 business day from returning | |
| Student Travel | |
| Gratuity up to 15% can be paid for student travel from local funds (183,184,199,8xx,9xx) | |
| Total receipts with gratuity must not exceed the per diem amount allocated for the trip | |
| A roster must be turned into your Bookkeper/Secretary for each meal receipt indicating the number of students/employees that were fed on that particular particular receipt | |
| Sales tax exemption form is needed for restaurants - Take plenty of forms for each restaurant to avoid paying taxes | |
| Employee Travel | |
| Transportation reimbursements (taxis, shuttles, uber, lyft, etc.) will only be for travel from the airport to the hotel/conference and back, and between the hotel and conference if the conference is not held at the hotel | |
| local transportation used to get to and from restaurants or any leisure activities will NOT be reimbursed | |

*If the above guidelines are not followed, the employee may 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 T

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:

| 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
- .
- emergency shelter

• residential treatment center

- therapeutic camp
- institution serving mentally retarded children e child-placing agency that directly provides residential childcare

Churches or Religious Societies - A gualified 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 aq/timber number. For more information, visit www.comptroller.texas.gov/taxes/aq-timber/.

Ag/timber number issued by the Comptroller of Public Accounts:

expires Dec. 31, 2, 0,

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, 2, 0

| 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 | | | | | | |
| | | | | | | |
| sign Authorized person | | | | | | |
| Address (Street and number or P.O. Box 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 Orrad troller of Public Accounts. See instructions on front of form.

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 for student travel beyond the 15% limit if not automatically assessed by the restaurant (only allowed for funds 183,184,199,8xx,9xx),
- 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**) to our Secretary/ Bookkeeper within 1 business day 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 or (956)212-3184).

| Employee Signature | Campus/Department | |
|---------------------------------------|------------------------------|--|
| Date | Cell phone number | |
| To be complete | ed by Accounting/ Department | |
| Travel Expense Limit: \$ | | |
| Travel Card Number (last 4 digits): | Travel Form # | |
| Department/Accounting Clerk Signature | Date | |
| Date Returned En | mployee Signature | |

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 for student travel beyond the 15% limit if not automatically assessed by the restaurant (only allowed for funds 183,184,199,8xx,9xx),
- 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 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).

I understand that BBVA Compass may call me to verify transactions that appear to be fraudulent. If I am unable to answer, I understand BBVA Compass may block the card for future transactions.

| Employee Signature | Campus/Department | |
|---|------------------------------|--|
| Date | Cell phone number | |
| To Be complet Travel Card Number (last 4 digits): | ted by Accounting Department | |
| Accounting Clerk Signature | Date | |
| Date Returned | Employee Signature | |