**RICHMOND HEIGHTS LOCAL SCHOOLS**

**STUDENT ACTIVITY ACCOUNT BUDGET**

**SCHOOL: ACCOUNT NAME:**

**ADVISOR: TREASURER:**

**FUND: SPECIAL COST CENTER**

**PURPOSE OF ORGANIZATION:**

**ORGANIZATION GOALS AND OBJECTIVES FOR SCHOOL YEAR:**

**ORGANIZATION’S ADVISOR DATE**

**PRINCIPAL DATE**

**DISTRICT SUPERINTENDENT DATE**

**DISTRICT TREASURER DATE**

**SALES PROJECT POTENTIAL FORM**

 **THIS SECTION TO BE COMPLETED *PRIOR* TO ANY PURCHASES**

|  |  |
| --- | --- |
| Advisor name: |   |
| Student Activity Name: |   |
| Student Activity Fund: |   |
|   | Fund (3) Func (4) Obj (3) SPCC (4) OU (3) |
| Proposed Sale Project: |   |
| Estimated Completion Date: |   |

|  |  |  |
| --- | --- | --- |
| **A** | Quantity to be ordered  |  |
| **B** | Cost per unit |  |
| **C** | Estimated Total Cost (A) \* (B) |  |
| **D** | Proposed Sale Price |  |
| **E** | Estimated Revenue (A)\*(D) |  |
| **F** | Estimated Profit (E)-(C) |  |

**\*\*\* (*If more than one item attach copy of Requisition) \*\*\****

Advisor’s Signature Principal’s Signature

Date Class Treasurer’s Signature

***THIS SECTION TO BE COMPLETED UPON PROJECT COMPLETION:***

|  |  |  |
| --- | --- | --- |
| **A** | Totals Purchase (Attach copies of PO’S): |  |
| **B** | Total Receipts(Attach copies of Pay-In’s |  |
| **C** | Revenue: (B)-(A) |  |
| **D** | Variances (Provide documentation): |  |

Advisor Signature Principal’s Signature

Date Class Treasurer’s Signature



Richmond Heights Local Schools

447 Richmond Rd. Cleveland, OH 44143

Phone: 216-692-0094

**GIFTS – DONATIONS**

This is to advise the administration and the Board of Education that the

 has been presented a donation of

(Organization, Company, or Individual)

 to the at

(Building)

(Activity)

On , 20 . We have used the donation to

 .

Receipt Acknowledged by:

Date Signature

**SCHOOL: ACCOUNT NAME:**

**ADVISOR: CLASS TREASURER:**

**ACCOUNT NUMBER:**

**Expenses: FUND FUNCTION OBJECT SPECIAL COST OPER. UNIT**

**018 1690 590 9312 003**

 **018 2190 890 9312 003**

**Revenues: FUND RECEIPT SPECIAL COST SUBJECT OPER.UNIT**

 **018 1690 9312 000000 003**

 **018 1820 9312 003**

**ACCOUNT BALANCE AS OF July 1, 20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESTIMATED RECEIPTS**

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Estimated Receipts** |  |
| **Total Balance on Hand and Estimated Receipts** |  |

**ESTIMATED EXPENDITURES:**

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Estimated Expenditures** |  |
| **Estimated Balance as of June 30, 20\_\_ after Revenues and Expenses** |  |

**Richmond Heights Local School District**

**Service Contract**

This agreement is entered into this day of , 20 between , (The Individual) and the Richmond Heights Local School District for the payment of $ . The aforementioned agrees to provide the following services:

Individual Signature

District Treasurer Signature

Full name and address: (Please Print)

This contract is valid only after certification of the availability of funds has been made by the Treasurer on the corresponding Certification and a performance bond has been placed with Treasurer by the individual.

Check is to be made payable to:

Soc. Sec. #

Fed I.D. #

Vendor #

 **Treasurer’s Certificate**

It Is hereby certified that the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ required to meet the contract, obligation payment or expenditure for the above has been lawfully appropriated or authorized or directed for such purpose and is in the Treasury or in process of collection to the credit of Richmond Heights Local School District Education fund free from any obligation of certification how outstanding.

Date Treasurer, Board of Education

\*Please return one signed copy to Treasurer’s Office.

**BUDGET REQUEST FORM**

**It is hereby requested that the following budget be made between budget categories**

**TO BE INCREASED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FUND** | **FUNC** | **OBJ** | **SCC** | **OPU** | **OB** | **AMOUNT** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**TO BE DECREASED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FUND** | **FUNC** | **OBJ** | **SCC** | **OPU** | **OB** | **AMOUNT** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**REASONS FOR TRANSFER: (BE SPECFIC)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Principal/Supervisor:**

**Date: Treasurer:**

**CASH ADVANCE RECORD**

**REQUEST SECTION:**

Activity program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Fund Code # \_\_\_\_\_\_\_\_\_\_

Requisition/ P.O. Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Request $\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request the cash advance amount indicated above, and I accept liability for the funds received. Furthermore, I will return cash and/or full documentation for expenditures to settle the advance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed School Signature of applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved Treasurer Approval

**SETTLEMENT SECTION:**

I hereby request settlement of the cash advance as follows:

Cash returned $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenditure Documentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Amount Due Recipient (If Any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved Administrative Approval (Treasurer)

**Richmond Heights Local Schools**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby acknowledge receipt of the award (money) as set forth below:

|  |  |  |
| --- | --- | --- |
| **Amount**  | **Purpose** | **Signature**  |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |
| **9.** |  |  |
| **10.** |  |  |
| **11.** |  |  |
| **12.** |  |  |
| **13.** |  |  |
| **14.** |  |  |
| **15.** |  |  |

PAY - IN ORDER

TO BE COMPLETED BY THE TREASURER:

Date: \_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_

To the credit of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Fund Program

Activity Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| CoinCurrencyChecks (List Separately) | Amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Treasurer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Sponsor

**To be completed by clerk - custodian** Number:

Amount Received $ Date Received:

Name of Payee: Signed:

**FUNDRAISER APPROVAL PROCESS AND FORM**

**Richmond Heights Local School District**

This form is to be used to obtain prior approval for a fundraising effort;, to review the results of the fundraiser, to inform the Treasurer of any requisitions for goods, and to inform the Treasurer of how proceeds are to be accounted. Section 3 is a review of the results of the effort.

**Section 1** (Fill out Section 1 and return to the building principal)

Student Activity:

Activity Advisor and Date of Submission:

Proposed Project (including date(s) of project):

(Complete the following if goods or services are to be purchased)

Describe purchases to be made and plans to cover costs.

(Turn in form at this point to building principal)

**PRINCIPAL’S APPROVAL TO PROCEED: Date:**

**Section 2** (Fill out Section 2 when form is returned with approval to proceed.)

Revenue Code for booking fundraiser receipts:

Budgetary Code for any requisition for purchases:

Number(s) of requisition(s) for goods or ervices entered on financial system:

(Return to Principal or Athletic Director for athletic activities)

**Approval to conduct fundraising activity as described above:**

Principal Date:

Athletic Director (for student athletes only) Date:

(Copies of this form should be sent to the advisor and to the Treasurer at this point)

**Section 3** (Fill out and return to building principal when project is complete and bills are paid)

Purchases/Expenses (list and total expenses):

Total Expenses:

Total receipts deposited with Treasurer

Difference between receipts and expenses (explain negative results)

Signature of advisor Date:

(Return completed form to the building principal)