



TABULATION OF MONIES FOR DEPOSIT

CR _____

REC _____

District policy requires this form to be prepared by the teacher and given to the bookkeeper along with ALL funds collected. In addition, if \$10 or more is collected from each payer(s), the teacher shall issue a written receipt to each payer and submit the yellow copy of each receipt to the bookkeeper.

Account Name: _____ (Ex. Student Council)

Activity Involving Receipt of Money: _____
(only one Activity per sheet) (Ex. Car Wash)

Are you using one of the 2 tax-free days per calendar year?* ☐ Yes ☐ No

*Your group may not be eligible for a tax-free day. Please ensure you understand whether or not your group qualifies?

PRE-TAX COLLECTIONS	\$	_____
SALES TAX (if applicable)	+ \$	_____
TOTAL DEPOSIT TO BANK	= \$	_____
COIN TOTAL	\$	_____
CASH TOTAL	\$	_____
CHECK TOTAL	\$	_____

Attach individual yellow receipts here
(if \$10 or more was collected from each payer)

ACCOUNT CODE:

Both the teacher and the bookkeeper shall sign this form. If funds are submitted to a staff member or other than the bookkeeper, such as a secretary, lead teacher, or office employee, then a signature is also required from that third person. In that case, three signatures are required: bookkeeper, teacher/collector, and staff member. A copy shall be given to the teacher for his/her records. The bookkeeper shall file this form, along with a copy of the bookkeeper receipt, payer receipts (if applicable), and a validated deposit slip in the account's file. The total amount shown on this Tabulation shall agree to all receipts attached.

Teacher's or Collector's Signature

Date

School

Teacher's or Collector's Signature

Date

School

Bookkeeper Signature

Date

MARCUS HIGH SCHOOL
PURCHASE REQUISITION

Purchase #: _____
Request #: _____
Date Received: _____

Requestor:		Date Received: _____	
Dept. to be Charged:		Vendor Name:	
Purpose of Purchase:		Address:	
Date Requested:		City/State/Zip:	
		Phone:	
		Discount %:	

[illegible]

Special Instructions:

Department Chair/Sponsor Approval: _____

Date:

RETURN ITEM NOTIFICATION

RETURN COMPLETED FORM TO ADMINISTRATION BUILDING
ACCOUNTS PAYABLE

COMPANY: _____

PURCHASE ORDER # _____ CAMPUS: _____

QTY	Item Number	Description	Problem or Reason for Return	Requested Replacement	
				Yes	No

Return Authorization number / tracking number: _____
(obtain this from the company)

Date of Return

Please Print Name
of Person Returning the Item(s)

Signature

Return Instructions:

1. Contact the vendor for return authorization
2. Complete the above form
3. Return the form to your school secretary or bookkeeper

Secretary or Bookkeeper – Send this form to the Admin Bldg, Accounts Payable

Lewisville Independent School District

1800 TIMBERCREEK • LEWISVILLE, TEXAS 75067

CHECK REQUEST

CHECK IF APPLICABLE:

ADVANCE ☐

DATE _____ AMOUNT _____

PAYABLE TO _____

MAIL TO _____

FOR PURCHASE OF _____

VENDOR NO. _____ ACCOUNT NO. _____

REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____

This form is to be used only for:

Refunds

Student Meal Advances

LEWISVILLE INDEPENDENT SCHOOL DISTRICT

TEACHER:

CAMPUS:

[illegible]

Total Page 1

\$	\$0.00
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\$ _____

\$

\$ _____

Date _____

Date _____

* TOTAL AMOUNT OF CHECK IS CALCULATED FROM ALL THREE TABS

Petty Cash Voucher Form

Name: _____ Date: _____

Department: _____

Item(s) Purchased: _____

Vendor: _____

Purpose: _____

Complete Account Code: _____

Amount: _____

Department Chair/

Sponsor Approval: _____ Date: _____
(Prior to purchase)

Bookkeeper Approval: _____ Date: _____
(Prior to purchase)

Mr. Shafferman Approval: _____ Date: _____
(Prior to purchase)

Paid by: _____ Date: _____

Received by: _____ Date: _____

PETTY CASH IS FOR EMERGENCY PURCHASES

*LISD will not reimburse sales tax
No original itemized receipt – no reimbursement
Attach original itemized receipt(s) to form
Do not place tape over ink on receipt*

REQUEST FOR SCHOOL TRIPS, OVERNIGHT STAY, CONVENTIONS, WORKSHOPS, ETC.

Person Submitting Request & Sponsor(s)

Date of Request

Campus and Group Name

Destination

Date(s) of Trip

Day of Week

Departure Time

Return Time

NATURE OF TRIP

Principal Approval Only:

☐ Day Field Trip

☐ No overnight stay, Conference/Workshop (Teacher)

Central Office Approval Required: (Requires Appropriate Attachments)

☐ *Overnight Trip (W/Students)

☐ *Out of State Trip (W/Students)

☐ *Out of State Trip (Teacher)

☐ *Overnight Trip within 100 miles-Teacher

*Attachments (where applicable):

☐ *Letter stating qualifications for out of state trip

☐ *Itinerary - (overnight or out of state)

PURPOSE OF TRIP: _____

of students involved _____ # of substitute(s) required _____

LISD budget code used for trip _____

School activity fund code used for trip _____

Are students being assessed for trip? _____ If so, how much per student? _____

of school buses to be used _____, or other means of transportation _____

CAMPUS APPROVAL

Program Director

Principal's Signature

Zone Leader's Signature

Approved

Disapproved

Date Prin. Recv'd

Date Sent to Admin

ADMINISTRATIVE APPROVAL

Dr. Kevin Rogers, Chief Operations Officer

Dr. Waddell, LISD Superintendent

Approved/Date

Disapproved/Date

Date Received

Date Returned to Princ.

Transportation Request Form

Request #: _____
Bus _____, # Needed _____
Rental Truck _____
One Way _____

Received by Durham: ____/____/____

IMPORTANT! READ CAREFULLY: Allow at least 15 working days for processing. Forms must be received in the Transportation Office five (5) working days before the event in order to provide bus(es) and driver(s) if they are available.

SPONSOR MUST call Transportation Office at least one (1) day before trip to confirm all arrangements.

At least one sponsor is required on each bus, and sponsors must maintain a safe, clean atmosphere on the bus.

Campus _____ Campus # _____

Activity/Description _____

Destination (include meal stops, etc.) _____

Depart From _____ Requestor Name _____

Comments _____ Cell Number _____

Depart Date . MMDDYY ____/____/____ Loading Time ____ : ____ am/pm

Return Date . MMDDYY ____/____/____ Return Time ____ : ____ am/pm

Day of Week _____ Grade Level _____

Number to Transport _____ Number of Buses _____ Is Driver Needed? _____

Account # _____ (Cannot be processed without account #)

APPROVAL THROUGH PROPER CHANNEL:

Requestor _____ Date ____/____/____ Date given to Principal ____/____/____

School Principal _____ Date Rec'd ____/____/____ Acted on ____/____/____

Central Office _____ Date Rec'd ____/____/____ Acted on ____/____/____

(To be designated by the Transportation Office)

Request # _____

Driver _____ Emp # _____

Bus # _____ Durham Bus # _____

Mileage Begin _____ Mileage End _____

Time Begin _____ Time End _____

Special Instructions _____

SEATING CHART

Driver's Seat			Front Door Exit			
Window	Middle	Aisle	Aisle	Middle	Window	
2						
4						
6						
8						
10						
12						
14						
16						
18						
20						
22						
24						
			Exit Door			

DATE: _____

SCHOOL	VOCATIONAL
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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97	97
98	98
99	99
100	100

BUS #

**** DO NOT BLOCK THE REAR EMERGENCY EXIT WITH COOLERS OR OTHER ITEMS.**

Travel Expense Form

Revised Rates Beginning 1/1/09

Employee: _____
 Address: _____
 Nature of Business: _____
 Destination: _____
 Departure Date: _____
 Departure Time: _____

Campus: _____
 Send Check To: _____
 Vendor Number: _____
 Account: _____

Return Date: _____
 Return Time: _____

Number of:	Teacher/Adm.	Students	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Meals: Must attach web page with rate if using out-of-state rate										
In-State		Allowed								
Breakfast		\$ 7.00								
Lunch		\$ 11.00								
Dinner		\$ 18.00								
In-State Per Diem		\$ 36.00								
Lodging: Must attach web page with rate if using out-of-state rate										
In-State Rate *	max =	\$ 85.00								
Travel (if not prepaid) / Luggage check-in fee (1 bag only)										
Airfare										
Auto Rental										
Registration										
Tax / Shuttle / Tolls / Parking										
Actual Mileage or Gasoline Receipts										
From	To	Mileage	Rate							
		\$ 0.550								
		\$ 0.550								
Daily Total										

Signature of Claimant

Date

* Beg. 9/01/05 max = \$85

Advance CK # (if applicable)

Signature indicates that information included on this form is true and correct and expenses have not been reimbursed by any other entity.

Original receipts must be attached for expenses other than per diem meals and mileage reimbursement

Supervisor's Approval

Date

Amount to be paid on MPR (including meals requiring an overnight stay) _____

** Meals not requiring an overnight stay are taxable income to the employee per the IRS and will be included on the employee's W-2 as taxable income

Amount to be paid thru Payroll (meals not related to an overnight stay)** _____

THE COMPLETED EXPENSE STATEMENT MUST BE SUBMITTED TO THE CAMPUS/DEPARTMENT BOOKKEEPER/SECRETARY WITHIN 10 DAYS OF COMPLETION OF TRAVEL.

-6138-

LISD GASOLINE CREDIT CARD FORM

I have read the below requirements and agree to follow them as stated.

Date: _____

Print Name: _____

Gas PR # _____

Signature: _____

Credit Card No. _____

Attach Receipt(s) Here:

School: _____

Organization/Club: _____

1. Reason for Trip: _____

Account Number: _____

2. Trip destination: _____

3. Total miles traveled round trip: _____

4. Trip dates: _____

5. Reference Rental Car/Truck PO # : _____

6. District Vehicle's for Out of Town Travel

Authorized by _____
Print Name

Signature

Return the gasoline credit card to the Purchasing Department, Performing Arts or applicable High School within 24 hours or the first work day back. Gas receipts are also due at that time.

NOTE: Do not return the gasoline credit card in the inter-office mail. Receipt(s) and LISD Gasoline Credit Card Form must be carried by you to your bookkeeper or secretary so a Purchase Requisition can be entered on the system to cover the cost of the gas expense. Gasoline credit card expenses cannot be paid without a Purchase Order.

If using a Rental Vehicle via a P-Card please provide the Rental Confirmation Information. Attach to this form.

Personal use of gas card is strictly prohibited.

Please tape all gasoline credit card receipt(s) for the purchase of Gasoline to this form. Use additional pages if necessary.

Lewisville Independent School District

Local Mileage Reimbursement Form

Name _____
 Address _____

Vendor Number _____
 Budget Code _____
 Campus/Dept _____

Date	Purpose	From	To	Miles Traveled

This form is to be used for travel within 100 miles from school district headquarters

Total Miles	
Reimbursement Rate*	\$ 0.555
Reimbursement Amount	

*Beg July 1, 2011

*Thru June 30, 2011 \$.51

Travel reimbursement claims should be submitted for reimbursement within 10 days of completion of travel.

 Traveler's Signature

 Supervisor's Approval

 Date

 Date

LISD School Contractor/Consultant Form

These forms need to be filled out completely prior to submitting a purchase request to Bookkeeper.

Page 1

School Name

LISD Contact Name – Your name (PRINTED)

Contractor/Consultant – Signature and date

Principal Signature – After workshop information

Page 2

LISD Contact (you) must fill out ALL information

Principal Signature – At the bottom

After all paperwork is filled out and signed by Principal. School secretary will forward to Angela Jackson in Human Resources.

After approved by Human Resources it will be sent back to you. At this point you will need to submit a purchase request with this paperwork to the Bookkeeper.

Please allow a minimum of 3 weeks for this process.

If you have any questions please contact School Secretary or Bookkeeper.

**LEWISVILLE INDEPENDENT SCHOOL DISTRICT
SCHOOL CONTRACTOR/CONSULTANT FORM**

Lewisville ISD

School _____ Name _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email _____ Date of Birth _____ DL # _____ DL State _____	LISD Contact Name _____ Address _____ City _____ Zip Code _____
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FEE: _____ days @ _____ per day _____ Total \$ _____
(Fee is all inclusive)

Signature of School Contractor/Consultant _____ Date _____

The information below is to be provided by the LISD person in charge.

Name of Workshop _____ Date(s) _____

Workshop Location _____

Workshop Conducted for: _____ Department/
Division

Principal Signature _____

NOTES:

LISD Human Resources Signature _____

School Contractor/Consultant Certification

Introduction: Texas Education Code Chapter 22 requires service contractors/consultants to obtain criminal history record information regarding covered employees and to certify to the District that they have done so. Covered employees with disqualifying convictions are prohibited from serving at a school district.

Determination of Covered/Non-covered Status:

- ☐ Yes ☐ No 1. Is the contractor(s)/consultants or individual providing services at a LISD facility at which students are present? *(If NO, select Option A and leave questions 2 and 3 blank.)*
- ☐ Yes ☐ No 2. Does the contractor or consultant have direct contact with students?
- ☐ Yes ☐ No 3. Is a district professional employee supervising and present at all times while the contractor(s)/consultants are present? *(LISD defines a professional employee as a certified teacher or administrator, auxiliary staff is not considered a professional employee.)*

Options	Description	1	2	3
Option A	No background check required	Yes	Yes	Yes
Option A	No background check required	Yes	No	Yes
Option A	No background check required	No	XXXX	XXXX
Option B	Name based criminal check required	Yes	No	No
Option C	Fingerprinting is required	Yes	Yes	No

On behalf of _____ "Contractor/Consultant", I certify the following:

INITIAL ONE: Use the Matrix above to determine which option must be selected.

- _____ **OPTION A:** The above services do not qualify the contractor/consultant as a covered employee and are not required to complete a volunteer background check on the LISD website.
- _____ **OPTION B:** The above services qualify the contractor/consultant as a covered employee and must complete volunteer background check on the LISD website, or provide verification that a Department of Public Safety criminal history record was obtained.
- _____ **OPTION C:** The above services qualify the contractor/consultant as a covered employee and must complete fingerprinting as a school contractor with Texas. LISD has the option to contact the contractor and subscribe to the individual in the DPS FACT CLEARINGHOUSE upon request of the district.

Disqualifying conditions: One of the following offenses, a) a felony offense under Title 5, Texas Penal Code; b) an offense for which a defendant was required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure, or equivalent offense under federal law or laws of another state, c) any conviction in the last 5 years involving drugs or alcohol.

Noncompliance by Contractor/Consultant with this certification may be grounds for contract termination.

Principal

Date