

**Riceville Community School  
Riceville, IA**

The Board of Education of the Riceville Community School District held their regular board meeting May 15<sup>th</sup> 2017, at 7:00 p.m. in the High School Library. Board members present: Keeling, Hale, Richardson, Guertin and Fox. Also in attendance: Dr. Stephen Nicholson—Superintendent, Cory Schumann-Principle, Jennifer Dunn—Board Secretary/Treasurer, Casandra Leff—Monitor Recorder. Staff: Tammi Mueller and Heather Christensen. Parents/Grandparents: Laurie Schwark.

Fox called the meeting to order @ 7:04 PM.

Motion by Guertin, seconded by Richardson to approve the agenda. 5 Ayes. MC.

Motion by Guertin, second by Hale to approve the minutes of previous meeting, financial reports and summary of bills. Ayes 5. MC.

Mr. Schumann noted the last day of school is May 23<sup>rd</sup>, thanked the board members for their help at graduation, wished the three competitors at state track the best of luck, spoke about the CTE committee, and reported on the activity participation in sports at the high school level.

Dr. Nicholson reported on the discussions at the building & grounds committee of air in central office, athletic doors and painting of hallways.

Motion by Keeling, seconded by Richardson to approve the resignations of Barb Gesell—Co JV/V Girls Basketball, Robert DeMuth—JH Boys Basketball & Varsity Boys Track, Kelly Houser—CO JH Volleyball. Roll Call Vote: Hale, aye; Guertin, aye; Keeling, aye; Richardson, aye; Fox, aye. MC.

Motion by Guertin, seconded by Hale to approve the contacts of Ashley Lubbert—Cook, Volunteer transfer of Sherry Marr to Title 1, Wade Fridley—JH Boys Basketball, Kelly Houser—CO JV/V Girls Basketball. Roll Call Vote: Keeling, aye; Hale, aye; Richardson, aye; Guertin, aye; Fox, aye. MC.

Motion by Hale, seconded by Richardson to approve Nancy Grimm as sub cook. Roll Call Vote: Guertin, aye; Hale, aye; Richardson, aye; Keeling, aye; Fox, aye. MC

Motion by Keeling, seconded by Guertin to approve the second reading of board policies 804.4R1: 900-903.5R1. 5 Ayes. MC.

Motion by Keeling, seconded by Guertin to approve the first reading of board policies 710.4; 904.1-905.2. 5 Ayes MC.

Motion by Hale, seconded by Keeling to approve the Letter of Understandings. 5 Ayes. MC.

Motion by Guertin, seconded by Richardson to approve the breakfast and lunch increases of ten cents for students and five cents for adults in both breakfast and lunch prices. 5 Ayes. MC.

Motion by Keeling, seconded by Richardson to approve the 28E Agreement with Iowa Star. 5 Ayes. MC.

Motion by Richardson, seconded by Hale to approve the Luther College Agreement. 5 Ayes. MC.

Motion by Keeling to approve the administration salary increase, failed for the lack of a second.

Motion by Guertin, seconded by Hale to table administration salary increases. 5 Ayes. MC.

Motion by Guertin, seconded by Hale to increase support staff increases with the exception of hiring an elementary secretary. 5 Ayes. MC.

Motion by Guertin, seconded by Richardson to approve the baseball juniors and seniors to attend the college world series in Omaha. 5 yes. MC.

Next board meeting will be held Monday June 19<sup>th</sup> at 7:00 p.m. in the High School Library.

Motion by Hale, second by Guertin to adjourn the meeting @ 8:01 PM. Ayes 5. MC.

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Karl Fox  
Board President

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Jennifer Dunn  
Board Secretary

## Analysis of Cash Balance Including investment CD

4/20/17

	05/31/17	05/31/16	% change	Notes *
General Fund (10)	1,467,980.96	1,600,505.30	-8.3%	Open enrollment income and sp ed billing hasn't been deposited yet as it is only twice a year now instead of 4 times a year
Management Fund (22)	530,837.31	491,611.65	8.0%	
PPEL & LOSST Funds (36 & 3	1,090,481.38	1,229,789.96	-11.3%	roofing & school buses
Activity Fund (21)	64,169.80	40,658.82	57.8%	
Hot Lunch Fund (61)	91,922.09	97,022.62	-5.3%	Purchase of new equipment
TOTAL	<u>3,245,391.54</u>	<u>3,459,588.35</u>	<u>-6.2%</u>	Appears reasonable

\* = Cash balances will fluctuate with the timing of revenue and expense receipts and payments. Items considered unusual are explained in greater detail under the notes above.

### Inter-fund Loan outstanding

	Receivable	Payable	Explanation
General Fund	0.00		
Management Fund		0.00	

Batch Description: Invoices--MAY 2017 BATCH 3

Processing Month: 05/2017

<b>Vendor ID: 104304</b>	<b>ACT</b>	<b>PO Number:</b>	<b>Invoice Number: 31918358</b>	<b>Amount:</b>	<b>216.00</b>
Description:		Invoice Date: 05/11/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1100 100 0000 810	PRE-ACT TESTING		216.00		N
					In Full
					Final
<b>Vendor ID: 100055</b>	<b>ALLIANT ENERGY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170524</b>	<b>Amount:</b>	<b>4,680.48</b>
Description:		Invoice Date: 05/24/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 622	HS BUILDING		3,774.25		N
10 0000 2600 000 8270 622	BUS BARN		53.36		N
10 0000 2600 000 0000 622	SHOP		817.48		N
10 0000 2600 000 0000 622	SPORTS COMPLEX		35.39		N
					In Full
					Final
					Final
					Final
					Final
<b>Vendor ID: 100196</b>	<b>CITY OF RICEVILLE</b>	<b>PO Number:</b>	<b>Invoice Number: 17434</b>	<b>Amount:</b>	<b>546.50</b>
Description:		Invoice Date: 05/18/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 411	WATER		113.25		N
10 0000 2600 000 0000 421	GARBAGE		320.00		N
10 0000 2600 000 0000 411	SEWER		113.25		N
					In Full
					Final
					Final
					Final
					Final
<b>Vendor ID: 100196</b>	<b>CITY OF RICEVILLE</b>	<b>PO Number:</b>	<b>Invoice Number: 17435</b>	<b>Amount:</b>	<b>22.62</b>
Description:		Invoice Date: 05/18/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 411	WATER		11.31		N
10 0000 2600 000 0000 411	SEWER		11.31		N
					In Full
					Final
					Final
					Final
<b>Vendor ID: 100196</b>	<b>CITY OF RICEVILLE</b>	<b>PO Number:</b>	<b>Invoice Number: 17436</b>	<b>Amount:</b>	<b>29.04</b>
Description:		Invoice Date: 05/18/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 411	SEWER		14.52		N
10 0000 2600 000 0000 411	WATER		14.52		N
					In Full
					Final
					Final
					Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3174851</b>	<b>Amount:</b>	<b>53.23</b>
Description:		Invoice Date: 05/17/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	FLOOR CLEANER		53.23		N
					In Full
					Final
					Final
<b>Vendor ID: 706884</b>	<b>EARTHGRAINS BAKING CO, INC</b>	<b>PO Number:</b>	<b>Invoice Number: 52251916027</b>	<b>Amount:</b>	<b>73.00</b>

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--MAY 2017 BATCH 3

Description:	Invoice Date: 05/12/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1      Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3110 000 0000 631	BREAD		73.00	N      Final
<b>Vendor ID: 101465</b>	<b>GRP &amp; ASSOCIATES</b>	<b>PO Number:</b>	<b>Invoice Number: 161287</b>	<b>Amount: 40.00</b>
Description:	Invoice Date: 05/16/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1      Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2134 000 0000 613	MEDICAL WASTE		40.00	N      Final
<b>Vendor ID: 100005</b>	<b>KECK, INC</b>	<b>PO Number:</b>	<b>Invoice Number: 20170524</b>	<b>Amount: 1,931.03</b>
Description:	Invoice Date: 04/13/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1      Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3110 000 0000 631	FOOD		1,931.03	N      Final
<b>Vendor ID: 706920</b>	<b>MARCO</b>	<b>PO Number:</b>	<b>Invoice Number: INV4287114</b>	<b>Amount: 107.22</b>
Description:	Invoice Date: 05/24/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1      Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 1000 2410 000 0000 611	STAPLES		53.61	N      Final
10 3200 2410 000 0000 611	STAPLES		53.61	N      Final
<b>Vendor ID: 707134</b>	<b>MARCO INC.</b>	<b>PO Number:</b>	<b>Invoice Number: 54672728</b>	<b>Amount: 1,340.20</b>
Description:	Invoice Date: 05/20/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1      Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 2600 000 0000 442	COPIER LEASE		1,340.20	N      Final
<b>Vendor ID: 707268</b>	<b>MID-WEST ROOFING COMPANY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170524</b>	<b>Amount: 34,515.87</b>
Description:	Invoice Date: 04/03/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1      Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
33 0000 4600 000 0000 450	ROOFING PROJECT		17,257.94	N      Final
36 0000 4600 000 0000 450	ROOFING PROJECT		17,257.93	N      Final
<b>Vendor ID: 101199</b>	<b>PAPER CORPORATION, THE</b>	<b>PO Number:</b>	<b>Invoice Number: 117135-00</b>	<b>Amount: 3,738.07</b>
Description:	Invoice Date: 05/22/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1      Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2310 000 0000 611	PAPER		1,246.02	N      Final
10 3200 1100 100 0000 612	PAPER		1,246.02	N      Final
10 1000 1100 100 0000 612	PAPER		1,246.03	N      Final



<b>Vendor ID: 706882</b>	<b>POLLARD PEST CONTROL CO. &amp; LAWN CARE</b>	<b>PO Number:</b>	<b>Invoice Number: 20170524</b>	<b>Amount:</b>	<b>80.00</b>
Description:		Invoice Date: 05/23/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 425	PEST CONTROL		80.00	N	In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE COMMUNITY MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 32717</b>	<b>Amount:</b>	<b>71.03</b>
Description:		Invoice Date: 05/02/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	facs food supplies		71.03	N	In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE COMMUNITY MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 33025</b>	<b>Amount:</b>	<b>9.74</b>
Description:		Invoice Date: 05/05/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	facs food supplies		9.74	N	In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE COMMUNITY MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 33790</b>	<b>Amount:</b>	<b>119.55</b>
Description:		Invoice Date: 05/15/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3200 1300 355 0000 612	facs food supplies		119.55	N	In Full
					Final
<b>Vendor ID: 100229</b>	<b>SCHOOL BUS SALES CO</b>	<b>PO Number:</b>	<b>Invoice Number: IN50304</b>	<b>Amount:</b>	<b>29.73</b>
Description:		Invoice Date: 05/17/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	SEAT COVER BUS 5		29.73	N	In Full
					Final
<b>Vendor ID: 706812</b>	<b>SCHUMANN PLUMBING &amp; HEATING</b>	<b>PO Number:</b>	<b>Invoice Number: 20170524</b>	<b>Amount:</b>	<b>3,906.00</b>
Description:		Invoice Date: 05/19/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 3,906.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
33 0000 2600 000 0000 739	AC UNIT SUPERINTENDENTS OFFICE		3,906.00	3,906.00 N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: A124678</b>	<b>Amount:</b>	<b>8.99</b>
Description:		Invoice Date: 08/23/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	DRY WALL COMPOUND		8.99	N	In Full
					Final
<b>Vendor ID: 102190</b>	<b>WEST MUSIC COMPANY</b>	<b>PO Number:</b>	<b>Invoice Number: SI1448562</b>	<b>Amount:</b>	<b>113.70</b>
Description:		Invoice Date: 05/20/2017	Due Date: 05/24/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--MAY 2017 BATCH 3

<u>Chart of Account Number</u>	<u>Detail Description</u>
21 0000 1400 910 6220 612	REEDS

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	113.70		N	Final

**Vendor ID: 102190**      **WEST MUSIC COMPANY**

**PO Number:**      **Invoice Number: SI1448563**      **Amount: 27.75**

Description:

Invoice Date: 05/24/2017    Due Date: 05/24/2017    Status: A    1099 Amount: 0.00

Sequence: 1      Check Type:

Checking Account ID:

Check Number:

Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>
21 0000 1400 910 6220 612	REEDS

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	27.75		N	Final

Batch 1099 Total:      3,906.00

Batch Total:      51,659.75

Report 1099 Total:      3,906.00

Report Total:      51,659.75

Invoice Listing - Detail

Batch Description: Invoices--JUNE 2017 Batch 1

Processing Month: 06/2017

Vendor ID: 100284      HOWARD WINNESHIEK COM SCHOOL

Description:

Sequence: 1

Check Type:

Checking Account ID:

PO Number:

Invoice Number: 20170608

Amount:

2,100.00

Invoice Date: 06/08/2017    Due Date: 06/08/2017    Status: A    1099 Amount: 0.00

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

36 0000 2237 100 0000 734

ELMO CAMERAS

2,100.00

N

Final

Batch 1099 Total: 0.00

Batch Total: 2,100.00

Report 1099 Total: 0.00

Report Total: 2,100.00

Batch Description: Invoices--JUNE2017 BATCH 2

Processing Month: 06/2017

<b>Vendor ID: 707130</b>	<b>ACCESS SYSTEMS</b>	<b>PO Number:</b>	<b>Invoice Number: CW10318</b>	<b>Amount:</b>	<b>344.30</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0099 2237 100 0000 431	PHONE SERVICE REPAIR		344.30	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 342299</b>	<b>Amount:</b>	<b>304.88</b>
Description:		Invoice Date: 05/02/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		304.88	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 344152</b>	<b>Amount:</b>	<b>153.55</b>
Description:		Invoice Date: 05/05/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		153.55	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 345825</b>	<b>Amount:</b>	<b>235.68</b>
Description:		Invoice Date: 05/09/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		235.68	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 347679</b>	<b>Amount:</b>	<b>302.13</b>
Description:		Invoice Date: 05/12/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		302.13	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 349347</b>	<b>Amount:</b>	<b>373.50</b>
Description:		Invoice Date: 05/16/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		373.50	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 351205</b>	<b>Amount:</b>	<b>188.10</b>
Description:		Invoice Date: 05/19/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 631	MILK		188.10	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 354732</b>	<b>Amount:</b>	<b>(156.81)</b>
Description:		Invoice Date: 05/26/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00

Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
61 0000 3110 000 0000 631	MILK CREDIT		(156.81)		N	Final	
<b>Vendor ID: 100445</b>	<b>ANDY'S MINI MART</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>1,856.15</b>		
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 2700 000 0000 626	224.18 GAL GAS		422.51		N	Final	
10 0000 2700 000 0000 627	737.9 GAL DIESEL		1,433.64		N	Final	
<b>Vendor ID: 105429</b>	<b>ARNDORFER, MIKE</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>80.00</b>		
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 80.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 920 6730 345	OFFICIAL		80.00		80.00 N	Final	
<b>Vendor ID: 100295</b>	<b>ASFAHL, ESTHER</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount:</b>	<b>122.36</b>		
Description:		Invoice Date: 06/14/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 122.36		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 3200 2222 100 0000 644	NEWSPAPER		122.36		122.36 N	Final	
<b>Vendor ID: 100827</b>	<b>AXDAHL, BOB</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>130.00</b>		
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 130.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 920 6730 345	OFFICIAL		130.00		130.00 N	Final	
<b>Vendor ID: 100827</b>	<b>AXDAHL, BOB</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608-0001</b>	<b>Amount:</b>	<b>100.00</b>		
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 100.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 920 6730 345	OFFICIAL		100.00		100.00 N	Final	
<b>Vendor ID: 105475</b>	<b>BETHKE, MATT</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>100.00</b>		
Description:		Invoice Date: 05/24/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 100.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
21 0000 1400 920 6730 345	OFFICIAL		100.00		100.00 N	Final	
<b>Vendor ID: 105475</b>	<b>BETHKE, MATT</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608-0001</b>	<b>Amount:</b>	<b>70.00</b>		
Description:		Invoice Date: 06/06/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 70.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	

21 0000 1400 920 6835 345	OFFICIAL	70.00	70.00 N	Final
<b>Vendor ID: 105475</b>	<b>BETHKE, MATT</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount: 25.00</b>
Description:		Invoice Date: 06/12/2017	Due Date: 06/14/2017	Status: A 1099 Amount: 25.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
21 0000 1400 920 6730 345	MILAGE		25.00	25.00 N Final
<b>Vendor ID: 100002</b>	<b>CASH</b>	<b>PO Number:</b>	<b>Invoice Number: B116775</b>	<b>Amount: 5.18</b>
Description:		Invoice Date: 06/12/2017	Due Date: 06/12/2017	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 680	SPRAY BOTTLES		5.18	N Final
<b>Vendor ID: 707279</b>	<b>CEC</b>	<b>PO Number:</b>	<b>Invoice Number: BILL050406</b>	<b>Amount: 10,074.17</b>
Description:		Invoice Date: 05/26/2017	Due Date: 06/08/2017	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 2600 000 0000 739	40% OF INTERCOM REPLACEMENT		10,074.17	N Final
<b>Vendor ID: 100884</b>	<b>CENTRAL SPRINGS</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount: 13,198.00</b>
Description:		Invoice Date: 06/14/2017	Due Date: 06/14/2017	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 3200 2222 100 0000 320	LIBRARIAN FEES		13,198.00	N Final
<b>Vendor ID: 707264</b>	<b>COMMITTEE FOR CHILDREN</b>	<b>PO Number: 19862H</b>	<b>Invoice Number: 276554</b>	<b>Amount: 1,227.00</b>
Description:		Invoice Date: 06/08/2017	Due Date: 06/12/2017	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 1100 100 8031 618	SECOND STEOP S.E.L. PROGRAMM CLASSROOM K		389.00	N Final
10 0000 1100 100 8031 618	SECOND STEOP S.E.L. PROGRAMM CLASSROOM K		419.00	N Final
10 0000 1100 100 8031 618	SECOND STEOP S.E.L. PROGRAMM CLASSROOM K		419.00	N Final
<b>Vendor ID: 101427</b>	<b>CRESCO SHOPPER</b>	<b>PO Number:</b>	<b>Invoice Number: 359583</b>	<b>Amount: 157.50</b>
Description:		Invoice Date: 05/24/2017	Due Date: 06/12/2017	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2700 000 0000 810	VEHICLE FOR SALE AD		157.50	N Final
<b>Vendor ID: 104466</b>	<b>CULLIGAN WATER CONDITIONING</b>	<b>PO Number:</b>	<b>Invoice Number: 87789</b>	<b>Amount: 26.10</b>
Description:		Invoice Date: 05/26/2017	Due Date: 06/08/2017	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--JUNE2017 BATCH 2

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	SALT		26.10		N	Final
<b>Vendor ID: 101182</b>	<b>D &amp; E CARPET SALES INC.</b>	<b>PO Number:</b>	<b>Invoice Number: 05368</b>	<b>Amount:</b>	<b>187.00</b>	
Description:		Invoice Date: 06/02/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	TILES		187.00		N	Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3178164</b>	<b>Amount:</b>	<b>1,197.53</b>	
Description:		Invoice Date: 05/25/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	FLOOR STRIPPER AND FINISH		1,197.53		N	Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3179956</b>	<b>Amount:</b>	<b>59.20</b>	
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	SURFACE PREP PADS		59.20		N	Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number: 19861c</b>	<b>Invoice Number: 3183311</b>	<b>Amount:</b>	<b>352.00</b>	
Description:		Invoice Date: 06/08/2017	Due Date: 06/09/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	DEFOAMER & FLORR STRIPPER		352.00		N	Final
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19848H</b>	<b>Invoice Number: AAA029813-AW01</b>	<b>Amount:</b>	<b>345.00</b>	
Description:		Invoice Date: 05/30/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 925 6835 612	SOFTBALL PANTS		345.00		N	Final
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19855H</b>	<b>Invoice Number: AAN015912-AB02</b>	<b>Amount:</b>	<b>47.00</b>	
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 925 6835 612	DEFENSE MASK		47.00		N	Final
<b>Vendor ID: 100050</b>	<b>DECKER SPORTING GOODS</b>	<b>PO Number: 19858H</b>	<b>Invoice Number: AAN016083-AB01</b>	<b>Amount:</b>	<b>6.62</b>	
Description:		Invoice Date: 05/24/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 925 6835 612	BASEBALL BELT		6.62		N	Final

<b>Vendor ID: 100745</b>	<b>DECORAH COMMUNITY SCHOOL DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>4,096.56</b>
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0070 1200 217 3303 561	`SP ED BILLING		4,096.56		N
					In Full
					Final
<b>Vendor ID: 103629</b>	<b>DEPARTMENT OF EDUCATION</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>560.00</b>
Description:		Invoice Date: 06/01/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 349	VEHICLE INSPECTION		560.00		N
					In Full
					Final
<b>Vendor ID: 104805</b>	<b>DHS</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>2,631.24</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 4634 219 4634	NON FEDERAL MEDICAID		2,631.24		N
					In Full
					Final
<b>Vendor ID: 707010</b>	<b>DIETZ, RAY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>120.00</b>
Description:		Invoice Date: 06/10/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 120.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		120.00	120.00	N
					In Full
					Final
<b>Vendor ID: 707010</b>	<b>DIETZ, RAY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount:</b>	<b>90.00</b>
Description:		Invoice Date: 05/24/2017	Due Date: 06/14/2017 Status: A	1099 Amount: 90.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		90.00	90.00	N
					In Full
					Final
<b>Vendor ID: 707010</b>	<b>DIETZ, RAY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614-0001</b>	<b>Amount:</b>	<b>25.00</b>
Description:		Invoice Date: 06/14/2017	Due Date: 06/14/2017 Status: A	1099 Amount: 25.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	MILAGE		25.00	25.00	N
					In Full
					Final
<b>Vendor ID: 707259</b>	<b>ENVIRONMENT SAFETY, INC.</b>	<b>PO Number:</b>	<b>Invoice Number: 13335</b>	<b>Amount:</b>	<b>952.56</b>
Description:		Invoice Date: 05/25/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 618	STAINLESS STEEL CLEANER		952.56		N
					In Full
					Final
<b>Vendor ID: 102903</b>	<b>EVANS PRINTING &amp; PUBLISHING</b>	<b>PO Number:</b>	<b>Invoice Number: 1625</b>	<b>Amount:</b>	<b>642.74</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	



**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--JUNE2017 BATCH 2

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2310 000 0000 613	LEGAL PUBLICATIONS		222.74		N	Final
10 0000 2700 000 0000 810	BUS SALES AS		420.00	0.00	N	Final
<b>Vendor ID: 100203 FARMERS FEED &amp; GRAIN CO INC</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 20170608</b>		<b>Amount:</b>	<b>73.42</b>
Sequence: 1	Check Type:	Invoice Date: 03/13/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2700 000 0000 434	SERVICE BUS #5		73.42		N	Final
<b>Vendor ID: 100203 FARMERS FEED &amp; GRAIN CO INC</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 20170608-0001</b>		<b>Amount:</b>	<b>60.75</b>
Sequence: 1	Check Type:	Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2700 000 0000 434	SERVICE BUS #2		60.75		N	Final
<b>Vendor ID: 100203 FARMERS FEED &amp; GRAIN CO INC</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 6070</b>		<b>Amount:</b>	<b>22.00</b>
Sequence: 1	Check Type:	Invoice Date: 05/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 433	LAWNMOWER TIRE REPAIR		22.00		N	Final
<b>Vendor ID: 100203 FARMERS FEED &amp; GRAIN CO INC</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: C109814</b>		<b>Amount:</b>	<b>106.85</b>
Sequence: 1	Check Type:	Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 424	TOMAHAWK SPRAY		106.85		N	Final
<b>Vendor ID: 104917 HOWARD CO SHERIFF'S OFFICE</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 20170608</b>		<b>Amount:</b>	<b>594.08</b>
Sequence: 1	Check Type:	Invoice Date: 05/30/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 0000 810	LAW ENFORCEMENT CONTRACT		594.08		N	Final
<b>Vendor ID: 100284 HOWARD WINNESHIEK COM SCHOOL</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 20170612</b>		<b>Amount:</b>	<b>29,007.00</b>
Sequence: 1	Check Type:	Invoice Date: 06/12/2017	Due Date: 06/12/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 0000 567	OPEN ENROLLMENT		29,007.00		N	Final
<b>Vendor ID: 102635 IOWA COMMUNICATIONS NETWORK</b>						
Description:		<b>PO Number:</b>	<b>Invoice Number: 503954</b>		<b>Amount:</b>	<b>157.75</b>
Sequence: 1	Check Type:	Invoice Date: 06/02/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0099 2237 100 0000 320	ICN BILLING		157.75		N	Final

<b>Vendor ID: 105111</b>	<b>JENSEN, STEVE</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount:</b>	<b>90.00</b>
Description:		Invoice Date: 05/30/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 90.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		90.00	90.00	N
					In Full
					Final
<b>Vendor ID: 707278</b>	<b>KATHIE BLAKE PHOTOGRAPHY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>63.13</b>
Description:		Invoice Date: 05/25/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 926 6730 612	BASEBALL POSTERS		63.13		N
					In Full
					Final
<b>Vendor ID: 100221</b>	<b>KEYSTONE AEA 1</b>	<b>PO Number:</b>	<b>Invoice Number: INV-010381</b>	<b>Amount:</b>	<b>334.44</b>
Description:		Invoice Date: 05/25/2017	Due Date: 06/12/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 1000 1100 100 3373 612	CSPI TRAINING		334.44		N
					In Full
					Final
<b>Vendor ID: 100221</b>	<b>KEYSTONE AEA 1</b>	<b>PO Number:</b>	<b>Invoice Number: INV-010456</b>	<b>Amount:</b>	<b>572.00</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/12/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0099 2237 100 0000 615	RAZOESAFE EMAIL ARCHIVE		572.00		N
					In Full
					Final
<b>Vendor ID: 707277</b>	<b>KLEIN, DAN</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>100.00</b>
Description:		Invoice Date: 05/24/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 100.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6730 345	OFFICIAL		100.00	100.00	N
					In Full
					Final
<b>Vendor ID: 707277</b>	<b>KLEIN, DAN</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount:</b>	<b>25.00</b>
Description:		Invoice Date: 06/12/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 25.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6730 345	MILAGE		25.00	25.00	N
					In Full
					Final
<b>Vendor ID: 100541</b>	<b>KRUKOW, ARNOLD</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>70.00</b>
Description:		Invoice Date: 06/06/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 70.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		70.00	70.00	N
					In Full
					Final
<b>Vendor ID: 707280</b>	<b>KUHLEMEIER, COLLIN</b>	<b>PO Number:</b>	<b>Invoice Number: 20170616</b>	<b>Amount:</b>	<b>100.00</b>
Description:		Invoice Date: 06/06/2016	Due Date: 06/16/2017	Status: A	1099 Amount: 100.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--JUNE2017 BATCH 2

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6730 345	OFFICIAL		100.00	100.00	N	Final
<b>Vendor ID: 102752</b>	<b>LAKE MILLS COMMUNITY SCHOOL</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>60.00</b>	
Description:		Invoice Date: 06/05/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6835 815	SOFTBALL TOURNEY ENTRY FEE		60.00		N	Final
<b>Vendor ID: 707082</b>	<b>Lampo Group, Inc., The</b>	<b>PO Number: 19850H</b>	<b>Invoice Number: 6642901</b>	<b>Amount:</b>	<b>549.73</b>	
Description:		Invoice Date: 04/28/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 3200 1100 100 0000 641	TEXTBOOKS		549.73		N	Final
<b>Vendor ID: 707099</b>	<b>LEFEBURE, KOLBY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>90.00</b>	
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 90.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6730 345	OFFICIAL		90.00	90.00	N	Final
<b>Vendor ID: 707099</b>	<b>LEFEBURE, KOLBY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170612</b>	<b>Amount:</b>	<b>120.00</b>	
Description:		Invoice Date: 06/10/2017	Due Date: 06/12/2017	Status: A	1099 Amount: 120.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6835 345	OFFICIAL		120.00	120.00	N	Final
<b>Vendor ID: 105414</b>	<b>LYNCH DALLAS, PC</b>	<b>PO Number:</b>	<b>Invoice Number: 143698</b>	<b>Amount:</b>	<b>66.00</b>	
Description:		Invoice Date: 05/31/2017	Due Date: 06/12/2017	Status: A	1099 Amount: 66.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2310 000 0000 342	LEGAL ADVICE		66.00	66.00	N	Final
<b>Vendor ID: 707201</b>	<b>MCALLISTER, AUSTIN</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>80.00</b>	
Description:		Invoice Date: 06/06/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 80.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6730 345	OFFICIAL		80.00	80.00	N	Final
<b>Vendor ID: 707268</b>	<b>MID-WEST ROOFING COMPANY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>17,780.00</b>	
Description:		Invoice Date: 05/11/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 4600 000 0000 450	ROOFING PROJECT 2017 LAST PAYMENT		8,890.00		N	Final
33 0000 4600 000 0000 450	ROOFING PROJECT 2017 LAST PAYMENT		8,890.00		N	Final

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--JUNE2017 BATCH 2

<b>Vendor ID: 707033</b>	<b>NICHOLSON, STEVE</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>98.80</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2320 000 0000 580	TRAVEL REIMB		98.80		N
				In Full	Final
<b>Vendor ID: 103670</b>	<b>NORTH IOWA CSD</b>	<b>PO Number:</b>	<b>Invoice Number: 20170616</b>	<b>Amount:</b>	<b>30.00</b>
Description:		Invoice Date: 06/15/2017	Due Date: 06/16/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6720 612	COLT MEMBERSHIP		30.00		N
				In Full	Final
<b>Vendor ID: 707086</b>	<b>NOSBISCH, MORGAN</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>55.08</b>
Description:		Invoice Date: 06/07/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 950 7960 612	FFA LUNCH FOR COLT		55.08		N
				In Full	Final
<b>Vendor ID: 104912</b>	<b>OBERMANN, JAMES</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>90.00</b>
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 90.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6730 345	OFFICIAL		90.00	90.00	N
				In Full	Final
<b>Vendor ID: 104912</b>	<b>OBERMANN, JAMES</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608-0001</b>	<b>Amount:</b>	<b>80.00</b>
Description:		Invoice Date: 06/06/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 80.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6730 345	OFFICIAL		80.00	80.00	N
				In Full	Final
<b>Vendor ID: 104912</b>	<b>OBERMANN, JAMES</b>	<b>PO Number:</b>	<b>Invoice Number: 20170612</b>	<b>Amount:</b>	<b>120.00</b>
Description:		Invoice Date: 06/10/2017	Due Date: 06/12/2017	Status: A	1099 Amount: 120.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		120.00	120.00	N
				In Full	Final
<b>Vendor ID: 102451</b>	<b>OLSON, FRANK</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>120.00</b>
Description:		Invoice Date: 06/10/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 120.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		120.00	120.00	N
				In Full	Final
<b>Vendor ID: 102451</b>	<b>OLSON, FRANK</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount:</b>	<b>90.00</b>
Description:		Invoice Date: 05/30/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 90.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--JUNE2017 BATCH 2

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6835 345	OFFICIAL		90.00	90.00	N	Final
<b>Vendor ID: 102451</b>	<b>OLSON, FRANK</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614-0001</b>		<b>Amount:</b>	<b>25.00</b>
Description:		Invoice Date: 06/14/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 25.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6835 345	MILAGE		25.00	25.00	N	Final
<b>Vendor ID: 100051</b>	<b>OMNITEL COMMUNICATIONS</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>		<b>Amount:</b>	<b>1,615.60</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2320 000 0000 532	TELEPHONE		305.60		N	Final
10 0000 2320 000 0000 538	INTERNET		1,310.00		N	Final
<b>Vendor ID: 100496</b>	<b>OSAGE COMMUNITY SCHOOL</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>		<b>Amount:</b>	<b>50,686.20</b>
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 0000 567	OPEN ENROLLEMNT		50,686.20		N	Final
<b>Vendor ID: 104611</b>	<b>PEDERSEN, RON</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>		<b>Amount:</b>	<b>130.00</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 130.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6730 345	OFFICIAL		130.00	130.00	N	Final
<b>Vendor ID: 104611</b>	<b>PEDERSEN, RON</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608-0001</b>		<b>Amount:</b>	<b>100.00</b>
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 100.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6730 345	OFFICIAL		100.00	100.00	N	Final
<b>Vendor ID: 105243</b>	<b>PEPSI-COLA BOTTLING CO - DECORAH</b>	<b>PO Number:</b>	<b>Invoice Number: 9218027</b>		<b>Amount:</b>	<b>21.25</b>
Description:		Invoice Date: 05/04/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 8031 618	POP FOR LOUNGES		21.25		N	Final
<b>Vendor ID: 105243</b>	<b>PEPSI-COLA BOTTLING CO - DECORAH</b>	<b>PO Number:</b>	<b>Invoice Number: 9218622</b>		<b>Amount:</b>	<b>175.70</b>
Description:		Invoice Date: 05/18/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 8031 618	POP FOR LOUNGES		175.70		N	Final

<b>Vendor ID: 707266</b>	<b>PETE, HEIDI</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>829.92</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0070 1200 217 3303 580	SP ED TRAVEL REIMB		829.92		N
					In Full
					Final
<b>Vendor ID: 105522</b>	<b>PUMP, MARTY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>105.00</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 105.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		105.00	105.00	N
					In Full
					Final
<b>Vendor ID: 105522</b>	<b>PUMP, MARTY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608-0001</b>	<b>Amount:</b>	<b>120.00</b>
Description:		Invoice Date: 06/10/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 120.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		120.00	120.00	N
					In Full
					Final
<b>Vendor ID: 105522</b>	<b>PUMP, MARTY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608-0002</b>	<b>Amount:</b>	<b>90.00</b>
Description:		Invoice Date: 06/08/2018	Due Date: 06/08/2017	Status: A	1099 Amount: 90.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		90.00	90.00	N
					In Full
					Final
<b>Vendor ID: 105522</b>	<b>PUMP, MARTY</b>	<b>PO Number:</b>	<b>Invoice Number: 20170614</b>	<b>Amount:</b>	<b>90.00</b>
Description:		Invoice Date: 05/24/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 90.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6835 345	OFFICIAL		90.00	90.00	N
					In Full
					Final
<b>Vendor ID: 102619</b>	<b>REINDL, MIKE</b>	<b>PO Number:</b>	<b>Invoice Number: 20170608</b>	<b>Amount:</b>	<b>80.00</b>
Description:		Invoice Date: 06/08/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 80.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6730 345	OFFICIAL		80.00	80.00	N
					In Full
					Final
<b>Vendor ID: 706974</b>	<b>RICEVILLE COMMUNITY MARKET PLACE,</b>	<b>PO Number:</b>	<b>Invoice Number: 001-00032706</b>	<b>Amount:</b>	<b>92.34</b>
Description:		Invoice Date: 05/02/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0070 1200 217 3303 612	SP ED FOOD PURCHASES		92.34		N
					In Full
					Final
<b>Vendor ID: 103020</b>	<b>RUNDE GRAPHICS</b>	<b>PO Number:</b>	<b>Invoice Number: 2477</b>	<b>Amount:</b>	<b>160.00</b>
Description:		Invoice Date: 05/25/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	



<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 926 6730 612	BASEBALL SHIRT LETTERING		160.00		N	Final
<b>Vendor ID: 707008 RUSTAD, DUANE</b>						
Description:		PO Number:	Invoice Number: 20170608		Amount:	105.00
Sequence: 1	Check Type:	Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 105.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6835 345	OFFICIAL		105.00	105.00	N	Final
<b>Vendor ID: 707008 RUSTAD, DUANE</b>						
Description:		PO Number:	Invoice Number: 20170608-0001		Amount:	90.00
Sequence: 1	Check Type:	Invoice Date: 06/08/2018	Due Date: 06/08/2017	Status: A	1099 Amount: 90.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6835 345	OFFICIAL		90.00	90.00	N	Final
<b>Vendor ID: 707012 SAINTS DRIVING SCHOOL</b>						
Description:		PO Number:	Invoice Number: 20170614		Amount:	9,300.00
Sequence: 1	Check Type:	Invoice Date: 06/14/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 9,300.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 3200 1100 121 0000 121	DRIVERS ED		9,300.00	9,300.00	N	Final
<b>Vendor ID: 104469 SARATOGA SIGNS</b>						
Description:		PO Number:	Invoice Number: `		Amount:	900.00
Sequence: 1	Check Type:	Invoice Date: 05/24/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 0000 612	SIGNS		900.00		N	Final
<b>Vendor ID: 100229 SCHOOL BUS SALES CO</b>						
Description:		PO Number:	Invoice Number: IN50870		Amount:	56.12
Sequence: 1	Check Type:	Invoice Date: 05/31/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2700 000 0000 673	SEAT COVERS BUS 3 LETTERING BUS 5		56.12		N	Final
<b>Vendor ID: 100229 SCHOOL BUS SALES CO</b>						
Description:		PO Number:	Invoice Number: IN50877		Amount:	6.06
Sequence: 1	Check Type:	Invoice Date: 06/06/2017	Due Date: 06/08/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2700 000 0000 673	LETTERING BUS #5		6.06		N	Final
<b>Vendor ID: 101717 SCHOOL SPECIALTY SUPPLY INC</b>						
Description:		PO Number:	Invoice Number: 208118348468		Amount:	336.12
Sequence: 1	Check Type:	Invoice Date: 06/09/2017	Due Date: 06/14/2017	Status: A	1099 Amount: 0.00	
	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 1000 1100 100 0000 612	HORSE SHOE TABLE		336.12		N	Final

<b>Vendor ID: 706909</b>	<b>SPOTTS, MARCUS</b>	<b>PO Number:</b>	<b>Invoice Number: 20170616</b>	<b>Amount:</b>	<b>100.00</b>
Description:		Invoice Date: 06/06/2016	Due Date: 06/16/2017 Status: A	1099 Amount: 100.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 6730 345	OFFICIAL		100.00	100.00 N	In Full
					Final
<b>Vendor ID: 706777</b>	<b>TIMBERLINE BILLING SERVICE LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 11866</b>	<b>Amount:</b>	<b>207.07</b>
Description:		Invoice Date: 05/31/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2510 217 3303 351	MEDICAID BILLING		207.07	N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: A124765</b>	<b>Amount:</b>	<b>44.99</b>
Description:		Invoice Date: 05/25/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 926 6730 612	TABLE		44.99	N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: A125245</b>	<b>Amount:</b>	<b>39.98</b>
Description:		Invoice Date: 06/06/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	GAS CANS		39.98	N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: B115994</b>	<b>Amount:</b>	<b>13.16</b>
Description:		Invoice Date: 05/30/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	SCRAPER BLADES		13.16	N	In Full
					Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: B116156</b>	<b>Amount:</b>	<b>6.19</b>
Description:		Invoice Date: 06/01/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	TILE ADHESIVE		6.19	N	In Full
					Final
<b>Vendor ID: 707274</b>	<b>ULINE</b>	<b>PO Number: 19859C</b>	<b>Invoice Number: 87383567</b>	<b>Amount:</b>	<b>389.34</b>
Description:		Invoice Date: 05/30/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	PALLET JACK		389.34	N	In Full
					Final
<b>Vendor ID: 102190</b>	<b>WEST MUSIC COMPANY</b>	<b>PO Number:</b>	<b>Invoice Number: SC152733</b>	<b>Amount:</b>	<b>(16.66)</b>
Description:		Invoice Date: 05/18/2017	Due Date: 06/08/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	



<u>Chart of Account Number</u>	<u>Detail Description</u>
21 0000 1400 910 6220 612	REPAIR REBATE

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	(16.66)		N	Final

**Vendor ID: 102190**      **WEST MUSIC COMPANY**

**PO Number:**      **Invoice Number: SI1450320**      **Amount: 67.05**

Description:

Invoice Date: 05/26/2017    Due Date: 06/08/2017    Status: A    1099 Amount: 0.00

Sequence: 1      Check Type:

Checking Account ID:

Check Number:

Check Date:

<u>Chart of Account Number</u>	<u>Detail Description</u>
21 0000 1400 910 6220 612	REEDS

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	67.05		N	Final

Batch 1099 Total:      12,438.36

Batch Total:      157,000.70

Report 1099 Total:      12,438.36

Report Total:      157,000.70

VISA Card Payments Feb 2017

Vendor	Description	Amount
Home Depot	Book Library Supplies-Grant	\$ 1,138.00
Amazon	Tennis balls	\$ 45.13
Amazon	Plastic Edging-Grant	\$ 325.35
Amazon	Chargers	\$ 199.90
Teluwut	Sec Meal	\$ 28.97
Pizza Ranch	Honor Choir Meals	\$ 149.00
Multi Health Systems	Connors Tests	\$ 145.00

## SCHOOL FOOD PROGRAM: NEGATIVE BALANCE

The Riceville COmmunity School District Food Service Department is a self-operating and self-sustaining program. The Board of Education desires the Riceville Community School District Food Service Department to be self-supporting, and therefore discourages general fund subsidies that could take away from other programs. In order to maintain financial stability and equality for all lunch-paying students in the district, this policy regarding lunch accounts will be followed:

### **Breakfast and Lunch Policy-Staff and Students**

It is recommended that parents or guardians strive to maintain a positive balance in the child/children's food service account. Positive balances at the end of the school are rolled over to the child's account for the next school year. If the child moves or graduates, a refund check will be issued for any remaining positive balance. If at any time a parent/guardian believes they may qualify for free or reduced lunches under federal guidelines, they should contact the Superintendent's secretary for the necessary paperwork.

When a student's lunch account balance reaches \$9.99 per student/staff the school will contact the parent/guardian by e-mail, phone or written letter indicating the current balance. If there are more than one student in the family, the notice will be sent based on the \$9.99 times the number of students. Example: a family with two students would receive the notice when the account reaches \$19.98 etc. This is done a minimum of once weekly.

If a negative balance occurs a phone call and email notice will be made from the school to the parent/guardian stating that his/her child/children has a negative balance when the account is -\$10.00 and the following procedure will be followed.

- For an elementary student grades K-6: they will continue to be served the regular lunch, or encouraged to bring a sack lunch. The cost will continue to be applied to the student's lunch account.
- For middle school or high school student: he/she will NOT be allowed to accumulate an additional negative balance for meals, and the student will need to bring a sack lunch from home if he/she plans to eat at school.

If a negative balance of \$50.00 or greater is reached for any family, the parent will be sent notice from the business office stating that payments must be made within five business days of the date of notice, or further collection procedures (small claims) could be pursued for payment on the account. If a parent/guardian begins good faith efforts to make regular payments, as determined by the superintendent and business office towards eliminating the negative balance, the district may postpone additional collection procedures. Payments on the account should cover the negative balance and create a positive balance of at least \$10.00 per student account.

Please note the money needs to be available in the child's lunch account in order for extra mils or meals can be purchased. This applies to all students, including students from families participating in the free and reduced program.

### **Negative Balances**

Negative balances will be carried over to the following school year. These negative balances must be paid in full prior to starting school as part of the school registration process. Parents with accounts in a negative status will be asked to send a lunch from home until negative balances have been taken care of or a payment schedule arranged and adhered to. The school district and the food service department reserve the right to take any other reasonable action, including legal action, to collect the balance due in any student's account.

Approved:

Reviewed:

Revised:

## TRANSPORTING STUDENTS IN PRIVATE VEHICLES

Generally, transporting students for school purposes is done in a vehicle owned by the school district and driven by a school bus driver. Students may be transported in private vehicles for school purposes. It is within the discretion of the superintendent to determine when this is appropriate.

Individuals transporting students for school purposes in private vehicles must have the permission of the superintendent. Private vehicles will be used only when proof of insurance has been supplied to the superintendent and when the parents of the students to be transported have given written permission to the superintendent. The school district assumes no responsibility for those students who have not received the approval of the superintendent and who ride in private vehicles for school purposes.

This policy statement applies to transportation of students for school purposes in addition to transporting students to and from their designated attendance center. It is the responsibility of the superintendent to develop administrative regulations regarding this policy.

Legal reference: Iowa Code §§ 279.8; 285; 321 (2011).  
281 I.A.C. 43.

Cross reference: 401.6 Transporting of Students by Employees  
401.7 Employee Travel Compensation  
711 Transportation

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ - Revised: \_\_\_\_\_

ADVERTISING AND PROMOTION

The use of students, the school district name, or its building and sites for advertising and promoting products and/or services of entities and organizations operating for a profit is not allowed except with prior board approval. Nonprofit entities and organizations may be allowed to use students, the school district name, or its buildings and sites if the purpose is educationally related and prior approval has been obtained from the board.

Legal reference: Iowa Code § 279.8 (2011).

Cross reference: 504.5 Student Fund raising  
904 Community Activities Involving Students

Approved: September 16, 2013 Reviewed: \_\_\_\_\_ - Revised: \_\_\_\_\_

## COMMUNITY USE OF SCHOOL DISTRICT FACILITIES & EQUIPMENT

School district facilities and equipment will be made available to local nonprofit entities which promote cultural, educational, civic, community, or recreational activities. "Entit(ies)" will include organizations, groups and individuals and their agents. Such use will be permitted only when the use does not interfere with or disrupt the education program or a school-related activity, the use is consistent with state law, and will end no later than midnight. It is within the discretion of the board to allow for-profit entities to use school district facilities and equipment. The board reserves the right to deny use of the facilities and equipment to an entity. It is within the discretion of the superintendent to allow use of the school district facilities and equipment on Sundays.

Entities that wish to use school district facilities or equipment must apply at the superintendent's office. It is the responsibility of the board secretary or superintendent to determine whether the school district facility or equipment requested is available and whether the application for use meets board policy and administrative regulations. It is the responsibility of the superintendent and board secretary to provide application forms, obtain proof of insurance, and draw up the contract for use of school district facilities and equipment.

Use of school district facilities and equipment by entities will be supervised by a school district employee unless special prior arrangements are made with the superintendent. The school district employee will not accept a fee from the entity using school district facilities and equipment. If appropriate, the school district may be paid by the school district.

Entities that use school district buildings, or equipment, or sites must leave the building or site in the same condition it was in prior to its use. Inappropriate use of school district facilities and equipment may result in additional fees charged to, or the inability of, the entity to use school district facilities or equipment in the future.

(The school district will sponsor education related organizations' use of the ICN upon approval of the superintendent.) Sponsored ICN user's mission must be consistent with the mission of the school district. Coats associated with the use of the ICN will be passed on by the school district to the sponsored user.

Authorization users of the ICN will ensure their use of the ICN is consistent with their written mission. The ICN will not be used for profit making ventures. Authorized users may not resell time on the ICN. Entities that wish to use the school district's ICN classroom or originate, receive or broadcast programming must follow the state scheduling requirements. It is recommended that entities that wish to use the school district's ICN classroom to originate, receive, or broadcast programming, contact the school district's ICN scheduler's office to inform them of their needs.

It is the responsibility of the entities that wish to use the school district's ICN classroom to originate, receive or broadcast programming in compliance with the law regarding authorized use of and content of the programming on the ICN. The school district assumes no responsibility or liability for entities using the ISN classroom in violation of the law, the authorized user's mission or school district policy and its supporting administrative regulations. The school district reserves the right to charge all costs, including attorney fees, that may arise to the entity for the entity's failure to comply with the law or school district policy and its supporting administrative regulations.

The board MAY ALLOW ENTITIES, SUCH AS THE Boy and Girl Scouts and 4-H, to use the school district facilities and equipment without charge. While such entities may use the facilities and equipment without charge, they may be required to pay a custodial fee.

It is the responsibility of the superintendent to develop a fee schedule for the board's approval and to develop administrative regulations regarding this policy.

**NOTE: This policy requires that all users of school district facilities provide proof of insurance. This is not a legal requirement. It is there for the protection of the school district. Prior to waiving insurance requirements for groups, a school district should check with its insurance carrier to clarify coverage.**

***This policy also addresses use of the school district's ICN classroom. The language the fifth paragraph addresses the school district's sponsorship of outside group's use of the ICN. Boards can limit their sponsorship if they choose. The language in the policy in parentheses is written to limit sponsorship to education-related groups but should be stricken and replaced with the appropriate language. The policy is also written to pass on the ICN costs to the sponsored group.***

***The language in the sixth paragraph represents mandatory policy language. The seventh paragraph is language that is recommended but is not mandatory. The supporting administrative regulations address matters specific to ICN classroom use for the board's consideration. The new ICN regulation is at 905.1R2.***

Legal Reference: Iowa Code §§ 8D; 123.46; 276; 278.1(4); 279.8; 297.9-.11 (2007).  
1982 Op. Att'y Gen. 561.  
1940 Op. Att'y Gen. 232.  
1936 Op. Att'y Gen. 196.

Cross Reference: 704 Revenue

Approved: \_\_\_\_\_ Reviewed: May 28, 2008 Revised: September 16, 2013



Riceville Community School District  
**REQUEST FOR USE OF SCHOOL FACILITIES BY OUTSIDE GROUPS**  
 As per Board Policy 902.7

**Group Information**

Requested By \_\_\_\_\_ Date of Request \_\_\_\_\_  
 Organization \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

**Use of Property Information**

Building Requested \_\_\_\_\_  
 Areas needed (list all) \_\_\_\_\_  
 Equipment needed \_\_\_\_\_

**Activity Information**

Do you have employee supervision \_\_\_\_\_ Name \_\_\_\_\_  
 \*If no, a custodian, or staff member will be assigned with a charge.

Describe the activity \_\_\_\_\_

Requested date/s of Activity \_\_\_\_\_

Time of Arrival: \_\_\_\_\_ (am / pm) Estimated time of departure \_\_\_\_\_ (am / pm)

*I, the representative of the renter organization, agree that it is the renter that is responsible for the proper use of property and shall pay for all damage other than the normal wear. A copy of the completed request form will be return to the address above.*

Requested Organization \_\_\_\_\_ By \_\_\_\_\_

For School Use Only-c(Return one to the Superintendent's Office)

<u>Classification of Group</u>	<u>Insurance</u>	
	<u>Required</u>	<u>Charges</u>
School Sponsored Activity	N/A	N/A
Student Activities or youth org.	No	No
Non-profit community org.	Yes	(unless waived by superintendent)
Other Organization	Yes	(unless waived by superintendent)
Private Parties	Yes	(unless waived by superintendent)

\*Note: If an insurance certificate is required the certificate must accompany the request.

Staff member assigned supervision (if no one assigned above) \_\_\_\_\_

Estimated charge(s)

Building Use \$ \_\_\_\_\_ Custodial: \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

\_\_\_\_\_  
 Building/Activities Director

\_\_\_\_\_  
 Superintendent's Approval

Approved: September 16, 2013

Revised: \_\_\_\_\_ Reviewed: \_\_\_\_\_

COMMUNITY USE OF SCHOOL DISTRICT FACILITIES & EQUIPMENT  
INDEMNITY AND LIABILITY INSURANCE AGREEMENT

The undersigned, hereafter referred to as "entity," states that it will hold the Riceville Community School District, hereafter referred to as "school district," harmless from any and all damages and claims that may arise by reason of any negligence on the part of the entity in the use of any facilities or equipment owned by the school district. In case any action is brought therefore against the school district or any of its officers, employees or agents, the entity will assume full responsibility for the legal defense thereof, and upon its failure to do so on proper notice, the school district reserves the right to defend such action and to charge all costs, including attorneys' fees, to the entity.

The entity agrees to furnish and maintain during the usage of the facilities or equipment owned by the school district such bodily injury and property damage liability insurance as will protect the entity and the school district from claims or damages for personal injury, including accidental death, and from claims for property damages which may arise from the entity's use of the school district's facilities or equipment whether such operations be by the entity or by anyone directly or indirectly employed by the entity.

The entity will furnish the school district with a certificate of insurance acceptable to the school district's insurance carrier before the contract is issued.

Dated at \_\_\_\_\_, Iowa, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ and School District.

By \_\_\_\_\_ By \_\_\_\_\_  
Superintendent

Title \_\_\_\_\_ By \_\_\_\_\_  
Secretary

Address \_\_\_\_\_

\_\_\_\_\_

Approved: September 16, 2013 Revised: \_\_\_\_\_ Reviewed \_\_\_\_\_

Code No. 905.1E3

Riceville Community School  
BILLING FOR USE OF SCHOOL BUILDING

Please return your payment to the following address. If you have any questions related to this billing please contact Jennifer Dunn @ 641-985-2288. Thank You.

Attn: Accounts Receivable  
Riceville Community School  
912 Woodland Ave.  
Riceville, IA 50603

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**INVOICE**

Name of Organization \_\_\_\_\_ Date of Activity \_\_\_\_\_

Building Rental

<u>Area</u>	<u># of hours used</u>	<u>Total Charges</u>
_____	_____	\$ _____
_____	_____	\$ _____
Total Building Charges		\$ _____

Custodial Charges

<u>Name</u>	<u>Reg Hrs</u>	<u>OT Hours</u>	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Custodial Charges			\$ _____

Equipment Rental (specify \_\_\_\_\_) \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

Approved: September 16, 2013 Revised: \_\_\_\_\_ Reviewed \_\_\_\_\_

COMMUNITY USE OF SCHOOL DISTRICT FACILITIES & EQUIPMENT REGULATION

1. Alcoholic beverages will not be brought or consumed on school grounds.
2. Smoking is prohibited in school district facilities and on school district grounds, including private vehicles.
3. A school district employee must be present while the school district facility or equipment is being used by an entity.
4. After a school district facility, site, or equipment has been used by an entity, cleaning, including restoring the facility, site or equipment to the condition it was prior to its use, will be done by employees assisted by a committee from the entity. The fee charged to the entity for the use of the facility, site, or equipment will include these costs. However, if excessive costs are involved in cleaning or otherwise restoring the facility, site, or equipment to the condition it was in prior to its use, the board reserves the right to charge the entity for these excessive costs.
5. Entities are required to stay within the area of the school district facility or site and use only the school district equipment authorized by the school district for use by the entity. Other school district facilities, sites, or areas in the school district or equipment are off limits to the entity.
6. A cancellation after the facility or equipment is made ready for the entity will be charged at the full rate. Cancellations made prior to that time will be charged a minimum cancellation fee or the costs incurred to the school district in anticipation of the entity's use, whichever is greater.

Approved: September 16, 2013    Reviewed: \_\_\_\_\_ - Revised: \_\_\_\_\_

COMMUNITY USE OF SCHOOL DISTRICT BUILDINGS, SITES & EQUIPMENT  
RICEVILLE COMMUNITY SCHOOL DISTRICT FEE SCHEDULE

Rates for use of buildings and sites

Multipurpose Room	<u>\$20.00</u>
High School Gym	<u>\$40.00</u>
Kitchen (paid supervisor requires)	<u>\$10.00</u>
Lunch Room	<u>\$10.00</u>
Lunch Room with Kitchen (paid supervisor required)	<u>\$20.00</u>

Add to Above

Kitchen (cook( supervision charges	<u>\$10.25 hr</u>
Custodial Charges	<u>\$15.00 hr</u>

ICN Classroom \$ 20.00

In addition to apying the rental fees, other than entities using the ICN classroom, each entity must make arrangements with the school district to have adequate custodial and supervisory services. Buildings will not be available unless a contract is signed by the entity and the school district well in advance of scheduled usage.

TOBACCO/NICOTINE-FREE ENVIRONMENT

School district facilities and grounds, including school vehicles, are off limits for tobacco or nicotine use, including the use of look-a-likes where the original would include tobacco and nicotine. This requirement extends to students, employees and visitors. This policy applies at all times, including school-sponsored and non-school sponsored events. Persons failing to abide by this request are required to extinguish their smoking material, dispose of the tobacco, nicotine or the other product or leave the school district premises immediately. It is the responsibility of the administration to enforce this policy.

***NOTE: According to Iowa law, all school grounds are smoke free. Boards have the authority to expand the policy to make the school facilities and grounds tobacco or nicotine free as well.***

Legal Reference:      Goals 2000: Educate America act, Pub. L. No. 103-227, 108 Stat. 125(1194).  
                             House File 2212, Iowa General Assembly (2008)  
                             Iowa Code §§ 142D; 279.8, .9; 297 (2011).

Cross Reference:      903.4 Public Conduct on School Premises  
                             905.1 Community Use of School District Buildings & Sites & Equipment

Approved: August 13, 1990 Reviewed: \_\_\_\_\_ Revised: June 17, 2013

## **AEA PURCHASING AGREEMENT 2017 - 2018**

This purchasing agreement ("Agreement") is entered into by the AEA Purchasing, an entity formed by a 28E Agreement filed on or about February 7, 2011 and the \_\_\_\_\_ School District/Customer (hereafter the "Eligible Member") located in Area Education Agency (hereafter the "AEA") \_\_\_\_\_ for the 2017-2018 school year.

### **SELECTION OF PROGRAMS**

Eligible Member elects to participate in the program(s) which Eligible Member has checked below. Products available under these bids are for use in the Eligible Member's Child Nutrition Programs:

A. AEA PURCHASING Food Bid \_\_\_\_\_ (Awarded Vendor Effective July 1, 2017)

B. AEA PURCHASING Small Wares Bid \_\_\_\_\_ (Rapids Whole Sale)

C. AEA PURCHASING Ware Wash Bid \_\_\_\_\_ (Awarded Vendor Effective July 1, 2017)

### **PURCHASE CATEGORIES AND COMMITMENT TO BUY**

The Eligible Member agrees to purchase an aggregate monthly total of 60% of its food and supplies (excluding milk, bread, small wares and ware wash) from the vendor selected by AEA Purchasing ("Prime Vendor") for the AEA Purchasing.

### **ELIBIBLE MEMBER COMMITMENT TO PARTICIPATE**

Eligible Member agrees to participate in the activities of the selected purchasing programs operated by the AEA Purchasing, which includes responding to requests for information from the AEA Purchasing reporting any service, product, invoicing, or other problems which may arise between the Eligible Member and any Prime Vendor; being willing to serve on committees of Eligible Members which may be established by the AEA Purchasing from time to time, and/or providing input to such committees to facilitate the work of such committees; and participation in audits as requested by the AEA Purchasing.

### **EFFECTIVE DATE**

To be effective beginning July 1, 2017, this Agreement must be signed no later than June 30, 2017. After June 30, 2017, new members may join only as follows: their membership will be effective January 1 of the following year if they sign this Agreement after December 31, their membership will be effective July 1 of the same year if they sign this Agreement by June 30.

### **PRIME VENDOR RESPONSIBILTIES**

The Prime Vendor has agreed to perform the following functions:

The Prime Vendor will provide any product data information which will include nutrition fact labels, CN label information and any manufacturer's statements.

Provide sales people to visit all Eligible Members bi-weekly and establish a schedule for regular salesperson visits and truck deliveries to AEA Purchasing's Eligible Members in Iowa.

Establish, in conjunction with AEA Purchasing, a schedule for product shows, seminars and marketing events in all aspects of food service. Prime Vendor and AEA Purchasing or its Eligible Members will jointly provide staff to plan and carry out these events.

Submit monthly sales volume reports to the AEA Purchasing in the form or forms requested by AEA Purchasing.

Submit to Eligible Members and AEA Purchasing monthly and weekly product lists with current pricing expressed in dollars and cents. Product areas with monthly price changes are dry grocery goods, frozen

items, frozen pizza, frozen potatoes, paper/plastic products and chemicals. Product areas with weekly price changes are fresh meat, dairy products and fresh produce.

Invoice and deliver products directly to Eligible Members.

Assist those Eligible Members that wish to use the Prime Vendor computer ordering and inventory system. Provide information and help Eligible Members participate in the DF – Diverted Foods USDA program.

#### **AEA PURCHASING ADMINISTRATIVE FEE**

The AEA Purchasing administers a \$.50 per case and a \$.10 per broken case amount to help cover the expenses of running the program.

After expenses are paid, the balance is refunded to our Eligible Members. In school year 2015-2016 the amount sent back as a year-end food rebate was \$177,640.00

Iowa's AEA (through the appointed representatives on the AEA Purchasing board) will provide oversight and management to this program but no funding.

#### **ORDERING AND BILLING**

Eligible Members may place their individual orders with Prime Vendor at any time during the term of this Agreement.

All invoices for payment shall be sent directly to the Eligible Member ordering under the terms and conditions of this Agreement. The Eligible Member will make payment directly to the Prime Vendor.

#### **TERMS**

Normal terms are net amount due in 30 days. (Net 30 days).

#### **PAYMENT**

All invoices for payment shall be sent directly to Eligible Member ordering under the terms and conditions of the agreement between the Prime Vendor and the AEA Purchasing. Eligible Member will remit payment directly to Prime Vendor. Eligible Member will pay applicable administrative fees included on its invoices, which administrative fees will be paid to AEA Purchasing by Prime Vendor pursuant to the agreement between AEA Purchasing and Prime Vendor. AEA Purchasing will refund to Eligible Member on a pro rata basis any excess of administrative fees, after AEA Purchasing determines allowable costs pursuant to USDA regulations at the conclusion of this Agreement. Eligible Member will return any such refund to the appropriate school meals account as required by USDA regulations.

#### **PRICE LISTS AND PRICE CHANGES**

The AEA Purchasing will transmit monthly price lists to all Eligible Members on or about the first day of each month. Price lists shall be transmitted weekly for weekly priced items, and monthly for monthly priced items.

Firm prices will prevail for one calendar month with the exception of fresh meat, dairy products and fresh produce. Prices on fresh meat, dairy products and fresh produce will be for one week at a time.

#### **MINIMUM ORDER AND DELIVERY**

The minimum order requirements for one Eligible Member for delivery to one building will be \$500.00 for food. The Prime Vendor will deliver and unload goods directly to the Eligible Members during the normal operating hours or at other mutually agreed times. Schools that order under \$500 order will still get the same AEA Purchasing prices but will incur a \$15 service fee. There will be no fuel surcharge.

#### **SALES REPRESENTATION/MARKETING**

Prime Vendor has agreed to provide sales people to visit all Eligible Members on a bi-weekly basis, along with providing support from their telemarketing staff. Prime Vendor has agreed to sponsor product shows and other educational seminars in the Midwest for Eligible Member personnel at no charge.

#### **ELIGIBLE MEMBER RESPONSIBILITY**

Eligible Member acknowledges its responsibility to comply with all regulations of the United States Department of Agriculture ("USDA") and the Iowa Department of Education ("DE") which are applicable to School Food Authorities (SFA's) as defined in the National School Lunch Program regulations (NSLP),



including but not limited to retention of records. Eligible Member agrees to adhere to all provisions of the Code of Conduct adopted by the AEA Purchasing which are applicable to Eligible Members.

#### **NO RESALE**

Eligible Member will not resell to any other organization or individual the products purchased by Eligible Member from a Prime Vendor pursuant to an agreement between the Prime Vendor and the AEA Purchasing..

#### **COMPLIANCE BY AEA PURCHASING**

The AEA Purchasing will at all times when conducting its business comply with any and all applicable federal and state laws, rules, and regulations related to the bidding of projects and contracts by Iowa school districts and area education agencies for the purpose of securing, purchasing and delivering goods and services used by school districts in Iowa, including, but not limited to, food, beverages, and supplies used in the National School Lunch Program, and additionally, shall comply with any and applicable federal laws, rules and regulations issued or amended by the USDA related to the procurement of food, beverages and supplies for use in schools and related educational institutions.

#### **TERMINATION**

Both Eligible Member and the AEA Purchasing have the option to terminate this Agreement prior to June 30, 2019 upon thirty (30) days' advance written notice.

#### **SIGNATURES**

Eligible Member/School District

#### **AEA Purchasing Signature**

AEA Purchasing Foodservice Division  
3712 Cedar Heights Drive, Cedar Falls IA 50613  
FAX: 319-273-8282  
PHONE: 319-268-7725  
EMAIL: dan@aeapurchasing.org

\_\_\_\_\_  
Name of School District/Customer

\_\_\_\_\_  
AEA Purchasing Director Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President or Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fax Number

Superintendent email address: \_\_\_\_\_

Business Manager email address: \_\_\_\_\_

Foodservice Director email address: \_\_\_\_\_



**Early Graduation Application**  
Riceville Community School District  
912 Woodland Ave, Riceville, Iowa 50466-7507

**RCSD**

Students requesting permission to graduate early must obtain approval from the Riceville Community School District Board of Education by the end of the previous school year. If you request early graduation after this time, you must appear before the school board for approval.

Student Name: Boe Adams  
Student eMail: Cat25@riceville.k12.ia.us  
Address: 3237 South St  
City Riceville State: Iowa Zip: 50466

Parent/Guardian Name: Kathy Adams  
Parent eMail: Kat.annadams@gmail.com  
Address: 3237 South St  
City Riceville State: Iowa Zip: 50466

Please Identify your reason(s) for wanting to graduate early. What will you be doing after you graduate?  
I want to graduate early because I want to make money for college through a job.

How many credits have you earned? 58.500  
How many credits are pending/are you currently enrolled in? 4  
Grade Point Average: 3.083

What courses are you currently enrolled?  
English 3  
Integrated 2 math  
Psychology  
P.E.  
Ag Power and machinery  
Multimedia productions  
Work Release

What is your anticipated schedule for your final year of school?

Trimester 1  
Construction Core  
Intro to Build  
\*Economics  
\*Character and Leadership  
A and P  
WR  
WR

Trimester 2  
Construction Core  
Intro to Build  
\*Economics  
Study Hall  
Diseases of Body  
WR  
WR

Considerations: You will be permitted to walk in graduation ceremonies and participate in senior prom pending all graduation and financial obligations are satisfactorily met.

Boe Adams  
(Student's signature)

5/22/17  
(date of application)

Kathy Adams  
(Parent/Guardian signature)

Melissa Hocken  
(Counselor signature)

Loy Schuman  
(Principal's signature)

5-22-17  
(date of approval)

\_\_\_\_\_  
(School Board President)

\_\_\_\_\_  
(date of approval)



**Early Graduation Application**  
Riceville Community School District  
912 Woodland Ave, Riceville, Iowa 50466-7507



Students requesting permission to graduate early must obtain approval from the Riceville Community School District Board of Education by the end of the previous school year. If you request early graduation after this time, you must appear before the school board for approval.

Student Name: Elizabeth Schurke  
Student email: cat101@riceville.k12.ia.us  
Address: PO Box 313  
City Riceville State: IA Zip: 52466

Parent/Guardian Name: Camille Schurke  
Current email: reynoldsraider@hotmail.com  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please identify your reason(s) for wanting to graduate early. What will you be doing after you graduate?  
I will be attending Hawkeye semester 2 to start my pre-req courses for admission to my dental hygiene program.

How many credits have you earned?  
How many credits are pending/are you currently enrolled in?  
Grade Point Average:

65  
14 '17-'18 Electives only  
+ 1 Sem. math  
& Soc. Studies T.I.

What courses are you currently enrolled?

Shakespeare / Seniors  
Choir  
Multimedia  
Adv. Computers

Eng. 3  
Career Planning  
Math for Lib. Arts NICC

What is your anticipated schedule for your final year of school?

Trimester 1  
Military History \*Req.  
Pro Start 1  
Child Development 2  
Char & Leadership  
Anatomy and Phys  
Home Maintenance  
Sports Mgt.  
IPEP & Elem alg. NICC (sem. 1) \*Req.

Trimester 2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Considerations: You will be permitted to walk in graduation ceremonies and participate in senior prom pending all graduation and financial obligations are satisfactorily met.

Elizabeth Schurke  
(Student's signature)  
Camille Schurke  
(Parent/Guardian signature)  
C. Schurke  
(Principal's signature)

5-19-17  
(Date of application)  
Melissa Hocken  
(Counselor signature)  
5-23-17  
(Date of approval)

board president

date of approval



**RIDICULOUSLY HIGH STANDARDS.**

May 26, 2017

Jennifer Dunn  
Business Manager  
Riceville CSD  
912 Woodland Ave.  
Riceville, IA. 50466

Dear Ms. Dunn:

We wish to submit the following quotations on dairy products to be used by the Riceville Community School District during the 2017-18 school year.

			<u>Plastic Bottles</u>
½ pint 1% milk	-	.2407	.3107
½ pint skim milk	-	.2293	.2993
½ pint skim chocolate milk	-	.2423	.3123
½ pint strawberry skim milk	-	.2423	
4 oz. 100% orange juice	-	.2000	
6 oz. yogurt	-	.52	
5# cottage cheese	-	8.75	

Prices quoted are subject to the attached escalator clause.

We furnish and maintain all necessary milk coolers. Please note that when a school system owns their own coolers, .0050/1/2 pint can be deducted.

Sincerely,  
*Bob Seidl*  
Bob Seidl  
Accounting Manager  
ANDERSON ERICKSON DAIRY

**ANDERSON ERICKSON DAIRY**

2420 E. University | Des Moines, Iowa | 50317-6501 | Tel: 515-265-2521 | Fax: 515-263-6301 | [www.aedairy.com](http://www.aedairy.com)



**RIDICULOUSLY HIGH STANDARDS.**

## **ESCALATOR CLAUSE**

### FLUID MILK PRODUCTS:

The prices in this bid are based on the Class I price (at 3.5% butterfat) plus premiums. The Class I price is established under the terms of the Central Federal Milk Market Order #32. The price established for the month of April 2017 is \$20.65 per 100 lbs. The components of this price include: Class I Skim Price - \$7.75/cwt.; Class I Butterfat Price - \$2.4483/lb; Location Adjustment - \$1.80/cwt.; Premiums - \$2.80/cwt.

The formula for price adjustments of fluid milk delivered in half-pint and all other size containers is as follows:

- a. Compute the difference per hundredweight for Class I milk between the price for the month in question and the price for the base month indicated above (or the most recent month in which prices were adjusted) based on the factors relating to the actual cost of each product. Actual cost for each product is determined as follows:  
(Skim factor) \* (Skim price) + (Butterfat factor) \* (Butterfat price) + Location adjustment + Premiums. Skim factors/Butterfat factors are as follows: Whole milk - .9665/3.35; 2% milk - .9800/2.00; 1% milk - .9900/1.00; Skim milk - .9995/.05.
- b. Multiply this difference per hundredweight by .086 (8.6 / 100 – 8.6 lbs. to each gallon of milk) to calculate the difference in price per gallon.
- c. One-sixteenth of this difference is the amount of change in price for each one-half pint container of milk. All other size containers will be proportional.
- d. If the price for Class I milk is higher during the month in question than in the base month, the sum will be added to the previous price charged by the vendor. If the price for Class I milk is lower during the month in question than in the base month, the sum will be deducted from the previous price charged by the vendor.

### ALL PRODUCTS:

Prices bid on all products are subject to change based on price changes from our suppliers including but not limited to fuel, packaging and ingredients. Supporting documentation is available upon request.

**ANDERSON ERICKSON DAIRY**

2420 E. University | Des Moines, Iowa | 50317-6501 | Tel: 515-265-2521 | Fax: 515-263-6301 | [www.aedairy.com](http://www.aedairy.com)



25 Main Street  
Dubuque, IA 52001  
T (563) 583-5791 x 230  
F (563) 583-8823

May 26, 2017

Riceville Community School District  
Attn: Jennifer Dunn, Business Manager  
912 Woodland Avenue  
Riceville, IA 50466

Bimbo Bakeries USA would like to submit the following bid on bread products for your 2017-18 school year. We may need to delivery the day before product is needed as all of our products have sufficient shelf life for advance delivery. This will ensure the product is available in case of accidents or breakdowns.

Our whole grain products meet the USDA school program requirements. A bun or 2 slices of bread will meet the 2 grain credits which will help with your menu planning.

Line #	Product Description	UPC	Bid
5476	53% WGW Sandwich Bread 24 oz	78700-80095	\$1.45
9083	R&I SL CL 100% Whole Wheat Bread 24 oz	78700-80271	\$1.50
3447	53% WGW Hamburger Buns 12 ct.	78700-80021	\$1.44
6693	53% WGW Hamburger Buns 16 ct	78700-80183	\$1.76
4266	53% WGW Coney Buns 16 ct.	78700-80070	\$1.76
6055	53% WGW Hoagie 24 ct	78700-80078	\$3.12
6619	53% WGW Dinner Rolls 12 ct.	78700-80096	\$1.44

*\*All other items not listed on bid will be at normal market price.*

*\*Delivery days will be based on volume*

*\*Product will need to be ordered in full trays*

***\*Web base ordering available for convenience of placing orders***

Any questions please feel free to call the following:

Matt Miller                      Territory Sales Manager                      641-430-5786

Thank you for considering Bimbo Bakeries USA for your bakery needs.

Best Regards,

A handwritten signature in cursive script that reads "Shawn Crouse".

Shawn Crouse  
Director of Sales - Iowa

# 2017-2018 School Year Iowa Open Enrollment Application

**\*Iowa Law requires an application for each child in a family requesting open enrollment to be sent to both to the resident and receiving districts on/or before deadline in order to be considered for approval.\***

**Deadline:      Grades 1-12, March 1, 2017  
Kindergarten, September 1, 2017**

1. Name of Student Abby Rice
2. Date of Birth: 9/27/11
3. Grade for 2017-2018 K
4. Circle Gender: Female / Male
5. Parent/Guardian Natasha Duryee
6. Telephone C=319-429-0687  
Note: It is helpful to have more than one number. H=home W=work C=cell
7. Resident Address 4090 Walnut Ave Riceville 50466 Mitchell  
Street/Box City Zip County
8. Email Address \_\_\_\_\_
9. Resident District Riceville Attendance Center \_\_\_\_\_
10. District Requested Osage Attendance Center\* \_\_\_\_\_  
\*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Circle one: Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: \_\_\_\_\_ District/School open enrolled: \_\_\_\_\_
13. The student will be enrolled in the following (check all that apply):  
Regular Education X Special Education \_\_\_\_\_  
Home School (CPI) \_\_\_\_\_ Home School Assistance Program \_\_\_\_\_  
Dual Enrollment--Academic \_\_\_\_\_ Dual Enrollment--Activity Program \_\_\_\_\_
14. Is your child currently eligible for receiving special education services? Circle one: Yes or No
15. Is your child currently being evaluated for special education services? Circle one: Yes or No
16. Is your child currently receiving English Language Learning services? Circle one: Yes or No
17. Is the student currently under suspension or expulsion from school? Circle one: Yes or No  
If yes, when will the suspension / expulsion be complete? \_\_\_\_\_
18. This section should be completed IF the application is being filed after March 1 for grades 1-12.  

	Date of Change
a) Change in district of residence due to: family move, change in Marital status, foster care, adoption, or treatment program	_____
b) Participation in foreign exchange program	_____
c) Failure of negotiations for reorganization or whole grade sharing	_____
d) Loss of accreditation or revocation of a private or charter school	_____



2017-2018

**2016-2017 School Year Iowa Open Enrollment Application**

Iowa Law requires an application for each child. In a family requesting open enrollment to be sent to both the resident and receiving districts on or before deadline in order to be considered for approval.

**Deadline: Grades 1-12, March 1, 2016  
Kindergarten, September 1, 2016**

1. Name of Student Josie Clayton
2. Date of Birth: 12-7-01
3. Grade for 2016-2017 <sup>17-18</sup> 10
4. Circle Gender Female / Male
5. Parent/Guardian Tabitha Mobley
6. Telephone 941-815-8324
7. Resident Address PO Box 23 Riceville IA 50466 Mitchell  
Note: It is helpful to have more than one number. H=home W=work C=cell  
Street/Box City Zip County
8. Email Address tabithamobley@hotmail.com
9. Resident District Riceville Attendance Center Riceville Comm. School
10. District Requested online Attendance Center\* Connections Academy  
\*Request does not guarantee placement
11. Is this application a request to continue education in the former district of residence following a move to a new district? Circle one: Yes or No
12. Please indicate if the applicant has a sibling currently under open enrollment.  
Sibling Name: \_\_\_\_\_ District/School open enrolled: \_\_\_\_\_
13. The student will be enrolled in the following (check all that apply):  
Regular Education X Special Education \_\_\_\_\_  
Home School (CPI) \_\_\_\_\_ Home School Assistance Program \_\_\_\_\_  
Dual Enrollment - Academic \_\_\_\_\_ Dual Enrollment-Activity Program \_\_\_\_\_
14. Is your child currently eligible for receiving special education services? Circle one: Yes or No
15. Is your child currently being evaluated for special education services? Circle one: Yes or No
16. Is your child currently receiving English Language Learning services? Circle one: Yes or No
17. Is the student currently under suspension or expulsion from school? Circle one: Yes or No  
If yes, when will the suspension / expulsion be complete? \_\_\_\_\_
18. This section should be completed IF the application is being filed after March 1 for grades 1-12.  
a) Change in district of residence due to: family move, change in Marital status, foster care, adoption, or treatment program  
b) Participation in foreign exchange program  
c) Failure of negotiations for reorganization or whole grade sharing  
d) Loss of accreditation or revocation of a private or charter school

Date of Change  
3-17-17 moved in with mom



**CONTRACT BETWEEN  
NORTHEAST IOWA COMMUNITY COLLEGE  
AND  
RICEVILLE COMMUNITY SCHOOL DISTRICT  
FOR  
2017-2018 ACADEMIC YEAR**

This Contract is made and entered into by and between RICEVILLE COMMUNITY SCHOOL DISTRICT (hereafter called the "School District") and NORTHEAST IOWA COMMUNITY COLLEGE (hereafter called the "College"):

WHEREAS, the School District and the College desire to enter into this Contract for the purpose of providing accessibility of the College courses to School District students pursuant to 261E Code of Iowa, Senior Year Plus Program;

THEREFORE, IT IS AGREED by the School District and the College:

**ARTICLE I**

The School District and the College do hereby enter into this Contract and agree as follows:

1. The duration of this Contract is the school year commencing July 1, 2017 and ending June 30, 2018.
2. There shall be no separate legal entity. The Vice President of Learning and Student Success "VPLSS" of the College and the Superintendent of the School District shall be responsible for the administration of this Contract.
3. The purposes of this Contract are to make available courses for School District students, which would not otherwise be offered without the assignment of additional weighting to such students who attend a community college-offered class or attend a class taught by a community college-employed teacher and which will allow the School District to seek weighting for such students pursuant to Section 257.11 (3) of the Code of Iowa.
4. The manner of financing the fulfillment of this Contract and charges related thereto are set forth in Articles VII and VIII of this Contract.
5. This Contract shall terminate June 30, 2018. It is not necessary to acquire or hold real or personal property to fulfill this Contract. Accordingly, there are no provisions herein relating to the disposition of property upon termination of this Contract.

**ARTICLE II  
CLASS REQUIREMENTS**

The following requirements shall be met in order for the School District to be eligible to claim supplemental weighting for the courses being offered pursuant to this Contract:

1. Courses are supplementing, not supplanting, School District courses.

2. All courses must be included in the College catalog or an amendment or addendum to the catalog.
3. Courses must be open to all College students, not only School District students.
4. Courses must be for college credit and the credit must apply toward an associate of arts, associate of science, associate of applied science; or toward completion of a college diploma program.
5. Courses must be taught by a College-employed instructor or a teacher meeting college-licensing requirements.
6. Courses must be taught utilizing the College course guide, syllabus template and the College Learning Management system for assessment, grading and attendance.
7. Services for School District students with special needs will be provided and funded by the School District. Accommodations must meet the ADA/AA/Section 504 (Subpart E) Civil Rights Statutes. The reasonable accommodations that are written for students taking college-level classes are determined by the Coordinator of Disability Services after they have reviewed the appropriate documents. There will be no modification of curriculum; all students must complete essential course requirements.

### **ARTICLE III INSTRUCTORS**

Instructors teaching a course for credit pursuant to this Contract will be employed under one of the following provisions:

1. For instructors under contract to the School District, the instructor's teaching contract for any of the classes offered pursuant to this Contract shall be governed by the contract currently in effect between the instructor and the School District. Each instructor shall be entitled to receive the benefits arising out of such contract in effect with the School District. Additionally, for purposes of Chapter 279, Code of Iowa, the School District retains all responsibilities for each instructor.

Notwithstanding the foregoing, the School District shall assign to the College the responsibility for teaching the courses embraced under this Contract, and the College will consider the instructors who teach these courses as adjunct faculty; who, as such, require annual professional development. The School District further assigns to the College the responsibility for evaluation of consistent curriculum by instructors with respect to the College courses taught by said instructor. As part of the evaluation process, the appropriate College administrative representative will visit each class site, complete a written evaluation of the curriculum application and provide copies to the high school instructor, the Dean of the academic department and the High School Partnerships Director.

2. In the absence of a qualified instructor; the college may choose to provide an instructor or make a decision made to cancel the course.

Instructors teaching a course for credit are required to follow the requirements outlined in the College High School Instructor Handbook including use of the College Learning Management System, College Email and College end of course student evaluation software.

#### **ARTICLE IV PARTICIPANT REQUIREMENTS**

School District students who desire to enroll in courses pursuant to this Contract must have been referred by the School District and must meet eligibility requirements set forth in this Contract.

To be eligible to enroll in a course pursuant to this contract, a School District student shall demonstrate proficiency in reading, mathematics, and science for an arts and science course, as well as be required to meet course prerequisites and/or achieve a satisfactory score on the College approved placement instrument (Accuplacer, ACT, ALEKS.)

These requirements may be waived at the request of the student or the School District with the approval of the College's VPLSS. Students who are recommended for such a class should have sufficient background to indicate probable success in the College class.

#### **ARTICLE V APPLICATION**

Each student who desires to take a course pursuant to this Contract must complete a College application form prior to acceptance.

#### **ARTICLE VI CONCURRENT ENROLLMENT**

Each student enrolled for credit in a course conducted pursuant to this Contract and who satisfactorily completes the course will receive high school credit from the School District and college credit from the College.

#### **ARTICLE VII MATERIALS, SUPPLIES, AND TRAVEL**

The School District will provide or require students to provide the approved College textbooks for each student enrolled in a course pursuant to this Contract. Classroom materials, supplies, and equipment will be provided by School District unless a separate contract is established prior to the beginning of the course. Travel costs incurred by instructors employed under subparagraph 2 of Article III from the normal teaching site to the place of instruction will be paid by the College at the College approved rate and the School District will reimburse the College for such costs. The College and School District will agree as to what constitutes travel costs and approved rates for same by separate written document prior to reimbursement.

#### **ARTICLE VIII FINANCE**

The School District will submit the names of students enrolled for the portion of the day that they are enrolled in credit courses in accordance with the College 10-day count each semester pursuant to this Contract. Instructors (employed by either the College or the School District) are responsible for reporting class enrollment via the College's portal: MyCampus. Billing will be processed upon completed enrollment verification at each school.

The following pricing structure will apply for any college credit course offered pursuant to this Contract, with multiple sections of each course being considered a course under this Contract.

In acknowledgement of the control and responsibilities of the College for an instructor employed by the School District pursuant to subparagraph 1 of Article III, the School District will pay the College a fee of \$150.00 per student per course taught by an instructor employed pursuant to subparagraph 1 of Article III. The School District will pay the College a \$150.00 fee per student per course plus direct salary and benefit costs of the instructor for a class taught by an instructor employed by the College pursuant to subparagraph 2 of Article III. The School District may establish the minimum number of students. The maximum number of students per class will be determined by the College course load cap. Any deviation from this cap requires approval of the VPLSS.

School Districts enrolling individual students into PICC, Placement in College Credit will pay the College a fee of 60% of full tuition per credit. Please refer to the 2017-2018 rate table below:

<b>Number of Credits</b>	<b>60% of Tuition Rate of \$163 = \$97.8/credit</b>
1	<b>\$97.80</b>
2	<b>\$195.60</b>
3	<b>\$293.40</b>
4	<b>\$391.20</b>

#### **ARTICLE IX COURSES OFFERED TO MULTIPLE DISTRICTS**

If two or more school districts, with Contracts with the College, combine students in a single class, the fee structure will follow that set forth in Article VIII with all costs divided, where appropriate, based upon the number of students from each district unless a separate Contract is established prior to the beginning of the course.

Additional agreements may be developed with partnering school districts listing one district as fiscal agent. The College will invoice all costs to the fiscal agent. The fiscal agent will be responsible for dividing costs per the agreement and invoicing participating districts.

#### **ARTICLE X WITHDRAWAL**

Any student wishing to withdraw from a course offered pursuant to this Contract must follow the process and dates outlined for all college students in the College catalog.

**ARTICLE XI  
SIGNATURES**

IN WITNESS WHEREOF, the School District and the College have caused this Contract to be executed by their respective representatives on the date set forth below.

RICEVILLE COMMUNITY SCHOOL DISTRICT

NORTHEAST IOWA COMMUNITY COLLEGE

By: \_\_\_\_\_

Board President or Superintendent

By: \_\_\_\_\_

Dr. Kathleen Nacos-Burds, VPLSS

\_\_\_\_\_  
Type or Print Name of Board President / Superintendent

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

NORTHEAST IOWA HEALTH OCCUPATIONS ACADEMY  
CONTRACT BETWEEN MEMBER SCHOOLS  
**2017-2018**

It is hereby established that the following five school districts: Howard Winneshiek Community School, Postville Community School, Riceville Community School, South Winneshiek Community School, and Turkey Valley Community School enter into a Academy agreement to provide a Career and Technical Health Occupations Program for the 2017-2018 school year.

As a member school of the Northeast Iowa Health Occupations Academy each school agrees to the following membership requirements:

1. Each school will share in the cost of the instructor for this program on a per student percentage basis. (See attached projected costs spreadsheet). If a member school wishes to exceed six seats in face-to-face or five seats in online or hybrid; they may purchase extra seats from another member school not using all of their seats. Purchasing of extra seats will be done through the lottery system as indicated in section 14c of this document;
2. Each school agrees to a minimum number of students per course between 6 and 8 students in order to run a class. Seat numbers will be communicated at the beginning of the term and decision to run a course must be made within two weeks prior to course start date;
3. Each member school accepts responsibility for the cost of the ICN room line time, administration fees of \$150/student/course/semester, room monitor, and clinical supervisor (if necessary) for their district;
4. Periodically the Health Occupation's teacher may travel to member schools to deliver classes and develop a more personal relationship with the students at member schools. On these occasions, the member school being visited will be billed round-trip mileage by NICC;
5. Member schools are responsible for providing the textbooks, supplies, and equipment required for the Health Occupations courses;
6. Each school has rights and responsibility to six seats in each of the Face-To-Face and five seats of the Hybrid, Web-Enhanced or Online academy classes offered. Please always refer to most current NICC course load spreadsheet in your NICC High School Partnerships Handbook;
7. Health Occupations Academy classes will begin first semester on August 23, 2017. It is the responsibility of each member school to notify students that they are expected to be in class on August 23, 2017;
8. Health Occupations Academy classes will break for first semester holidays according to the established schedule at NICC which is: September 4; October 16; November 22-24, 2017;

9. The final class date for the first semester is December 15, 2017. This date is subject to change based on weather or school conflicts. Because of inconsistency in school calendars, individual districts are expected to negotiate the transition period between the end of the first semester and the beginning of the second semester;
10. Health Occupations Academy classes will begin for the second semester on January 8, 2018;
11. Health Occupations Academy classes will break for second semester holidays according to the established schedule at NICC which is: March 5-9; 29 (NICC Mandatory in-service day,) 30, April 2, 2018;
12. The final class date for the second semester is May 9, 2018;
13. The cancellation of Health Occupations Academy classes due to weather or extenuating circumstances will be based upon decisions made by Postville Community School;
14. Academy member schools accept the grading system and practices of the Health Occupations instructor;
15. Available seats will be offered to member schools according to the following system:
  - a. Open seats will be determined two weeks prior to the beginning of the first semester and run until the end of the first week of the first semester.
  - b. Academy member schools are responsible for keeping waiting lists for students in excess for each Academy class.
  - c. A lottery system will be used for the awarding of open seats. Through this system, if there are three or more schools needing seats, each school's name will be placed in a hat for drawing. The first school drawn gets the first seat, the second school the next seat, and so on. If a second round is necessary, all schools will be placed back in the hat and the process is repeated. Drawing will exceed the number of seats available in anticipation of openings that may occur up through the end of the first week of the semester.
16. Any decision and arrangement to allow a Academy class to exceed twenty-five students will be requested by Academy members with approval from NICC.
17. Member schools are agreed to the delivery of the following classes at the scheduled times:

	12:57-1:41 P.M.	1:44-2:28 P.M.	2:31-3:15 P.M.
1 <sup>st</sup> Semester	HSC:110 Intro to Health Occupations 3 College Credits 48 Hours <b>MTRF</b>	HIT:140 Medical Terminology <b>Hybrid</b> 4 College Credits 64 hours <b>MTRF</b>	HSC:172 Certified Nurse Aide 3 College Credits 75 hours <b>MTRF</b>
2 <sup>nd</sup> Semester	PNN:200 Dosage Calculations 1 College Credit 16 hours <b>1-8-18 to 3-2-18</b>	HSC:172 Certified Nurse Aide 3 College Credits 75 hours <b>MTRF</b>	<i>HIT:165 Principles of Diseases 4 College Credits 64 hours Online PICC Only</i>

	<b>MTRF</b> PNN270 Into to Nutrition <b>WebE</b> 2 College Credits 32 hours <b>3-12-18 to 5-9-18</b> <b>MTRF</b>		
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18. If NICC is unable to find an instructor for the above courses a course may have to be cancelled or another course which fulfills the career and technical strand will replace the existing course with an available/qualified instructor by August 2017 and November 2017.

All member schools are expected to sign a concurrent enrollment contract with NICC. The final copy signed by all members will be given to each school by August of 2017.

This contract to enter into this Academy is a one-year agreement only for 2017-2018.

\_\_\_\_\_  
Board President  
Postville C.S.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President  
Riceville C.S.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President  
South Winneshiek C.S.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President  
Turkey Valley C.S.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President  
Howard Winneshiek C.S.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President of Academic Affairs  
Northeast Iowa Community College

\_\_\_\_\_  
Date



PICC (PLACEMENT IN COLLEGE CREDIT)

TEXTBOOK AGREEMENT

Northeast Iowa Community College and the School District below agree that for PICC textbooks; the High School has chosen the following option for textbook purchase for the PICC classes.

\_\_\_\_\_ **Option 1:** The district will purchase the NICC textbooks from the NICC bookstore for a flat rate of \$138 per book, per course. NICC will deliver the books to the high school if the high school so indicates they would require this. (This option is only available between NICC and a school district. Individual students are not eligible for a flat \$138 fee per book on an individual basis.) The textbook(s) becomes the property of the district and the district may choose to:

- require students return books to high school and keep / potentially use for future courses;
- allow the student to keep the book.

\_\_\_\_\_ **Option 2:** The high school will purchase or rent the textbooks from the:

- NICC bookstore; (Not all books may be available or eligible for rental. Timely return of the book by the return date is required in order to avoid paying full retail cost of text. A credit card is required for this option.)
- Directly from the publisher;
- A third party of their choice.

They must purchase the same textbook and edition that is being required by the NICC faculty, available at: [www.nicc.edu/bookstore/](http://www.nicc.edu/bookstore/)

\_\_\_\_\_ **Option 3:** The student will purchase or rent the textbooks on their own from the NICC bookstore or from a third party of their choice. They must purchase or rent the same textbook and edition that is being required by the NICC faculty, available at: [www.nicc.edu/bookstore/](http://www.nicc.edu/bookstore/)

Please be advised: If a student drops a class before or within the first five days of the class, the (school or student) may return the book to the NICC bookstore (if purchased from the bookstore by the school or student) for a refund. The book **must** be returned within the first five days to be eligible for a refund. Textbooks will become the property of the school or the student depending on the option chosen after the first five days of class.

Approved by the high school on this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_ **SCHOOL DISTRICT**

\_\_\_\_\_  
**Superintendent Signature**