

**Riceville Community School
Riceville, IA**

The Board of Education of the Riceville Community School District held a special board meeting October 19th 2017, at 7:00 p.m. in the High School Library. Board members present: Keeling, Hale, Guertin, and Fox. Absent: Richardson. Also in attendance: Barb Schwamman—Superintendent, Cory Schumann-Principal, Jennifer Dunn—Board Secretary/Treasurer, Casandra Leff—Monitor Recorder.

Fox called the meeting to order @ 7:00 PM.

Motion by Keeling, seconded by Guertin to approve the agenda. 4 Ayes. MC.

Motion by Keeling, seconded by Guertin to approve the resignation of Kelly Brown as school nurse. Roll Call Vote: Hale, aye; Guertin, aye; Keeling, aye; Fox, aye. MC.

Motion by Keeling, seconded by Guertin to approve the door bids for the High School and athletic areas with Brumm Construction in the amount of \$131,408. 4 Ayes. MC.

Next board meeting will be held Monday November, 20th at 7:00 p.m. in the High School Library.

Motion by Hale, second by Guertin to adjourn the meeting @ 7:14 PM. Ayes 4. MC.

Karl Fox
Board President

Jennifer Dunn
Board Secretary

**Riceville Community School
Riceville, IA**

The Board of Education of the Riceville Community School District held their regular board meeting October 16th 2017, at 7:00 p.m. in the High School Library. Board members present: Keeling, Hale, Guertin, and Fox. Absent: Richardson. Also in attendance: Barb Schwamman—Superintendent, Cory Schumann-Principal, Jennifer Dunn—Board Secretary/Treasurer, Casandra Leff—Monitor Recorder. Staff: Che Oulman, Bryce Conway and Clark Ebert. Community Members: Elaine Govern and John Dinger.

Fox called the meeting to order @ 7:05 PM.

Motion by Hale, seconded by Guertin to approve the agenda. 4 Ayes. MC.

Motion by Keeling, second by Hale to approve the minutes of previous meeting, financial reports and summary of bills. Ayes 4. MC.

Elaine Govern spoke to the board and presented a summary of the Safe Routes to School and Wildcat Trail.

Mr. Schumann spoke on parent teacher conferences, career fair, and prom. He also congratulated Marcia Grimm on receiving the Golden Apple Award.

Superintendent Schwamman spoke about certified enrollment, spotlight in classroom, desk audit, and all county schools.

Board concerns brought up was splitting the 5th grade, would like more communication.

Motion by Keeling, seconded by Guertin to approve the resignation of Wade Fridley as JV Volleyball coach. Roll Call Vote: Hale, aye; Guertin, aye; Keeling, aye; Fox, aye. MC.

Motion by Guertin, seconded by Hale to approve the contracts of Sherry Marr—co JV & V Softball, and Jill Beran and Co-JH basketball girls' basketball. Roll Call Vote: Keeling, aye; Hale, aye; Keeling, aye; Fox, aye. MC.

Discussion was held on moving wrestling to the Upper Iowa Conference in the 2018-19 school year, leaving other sports in Iowa Star.

Motion by Keeling, seconded by Guertin to approve the overhead bus barn doors in the amount of \$4660.00 with Overhead Door Co of Mason City. Ayes 4. MC.

A transportation update was also given.

Motion by Guertin, seconded by Keeling to approve to close the class of 2017 account and move the 178.40 to the yearbook account. 4 Ayes. MC.

Motion by Hale, seconded by Keeling to approve the first reading of board policies 100-103R1. 4 Ayes. MC

Motion by Hale, seconded by Keeling to table the door bids for the High School and athletic areas. 4 Ayes. MC.

Next board meeting will be held Monday November, 20th at 7:00 p.m. in the High School Library. A special meeting was set for October 19th at 7:00 in the library.

Motion by Guertin, second by Hale to adjourn the meeting @ 7:56 PM. Ayes 4. MC.

Karl Fox
Board President

Jennifer Dunn
Board Secretary

Batch Description: Invoices--NOVEMBER 2017 BATCH 1

Processing Month: 11/2017

Vendor ID: 707270	GILLETTE GROUP	PO Number:	Invoice Number: 9223553	Amount:	2.40
Description:		Invoice Date: 09/21/2017	Due Date: 11/02/2017	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	deposit on vending machine supplies		2.40	N	In Full
					Final
Vendor ID: 104917	HOWARD CO SHERIFF'S OFFICE	PO Number:	Invoice Number: 20171102	Amount:	780.47
Description:		Invoice Date: 09/30/2017	Due Date: 11/02/2017	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 1100 100 0000 810	SHERRIFF AGREEMENT		780.47	N	In Full
					Final
Vendor ID: 100284	HOWARD WINNESHIEK COM SCHOOL	PO Number:	Invoice Number: 20171102	Amount:	70.00
Description:		Invoice Date: 10/04/2017	Due Date: 11/02/2017	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 6645 815	X-COUNTRY ENTRY FEE		70.00	N	In Full
					Final
Vendor ID: 104664	IA CATTLEMAN'S FOUNDATION	PO Number:	Invoice Number: 139	Amount:	200.00
Description:		Invoice Date: 10/24/2017	Due Date: 11/02/2017	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	EXTRAVAGANZA		200.00	N	In Full
					Final
Vendor ID: 100292	IA HIGH SCHOOL ATH ASSOC	PO Number:	Invoice Number: 20171102	Amount:	2,844.00
Description:		Invoice Date: 11/02/2017	Due Date: 11/02/2017	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 0000 612	FIRST ROUND FOOTBALL ADMISSIONS		2,844.00	N	In Full
					Final
Vendor ID: 707054	PEM CHEER	PO Number:	Invoice Number: 20171102	Amount:	200.00
Description:		Invoice Date: 11/02/2017	Due Date: 11/02/2017	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 0000 612	CHEER COMP		200.00	N	In Full
					Final
Vendor ID: 100282	ST ANSGAR COMMUNITY SCHOOL	PO Number:	Invoice Number: 20171102	Amount:	70.00
Description:		Invoice Date: 10/04/2017	Due Date: 11/02/2017	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 6815 815	volleyball entry fee		70.00	N	In Full
					Final

Batch 1099 Total: 0.00

Batch Total: 4,166.87

Invoice Listing - Detail
Unposted; Batch Description Invoices--NOVEMBER 2017 BATCH 1

Report 1099 Total: 0.00

Report Total: 4,166.87

Invoice Listing - Detail

Unposted; Batch Description Invoices--NOVEMBER 2017 BATCH 1

Batch Description: Invoices--NOVEMBER 2017 BATCH 1

Processing Month: 11/2017

Vendor ID: 706772

INTERNAL REVENUE SERVICE

PO Number:

Invoice Number: 20171108

Amount:

867.78

Description:

Invoice Date: 11/08/2017 Due Date: 11/08/2017 Status: A 1099 Amount: 0.00

Sequence: 1

Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account NumberDetail DescriptionCost Center IDDetail Amount 1099 Detail Amount Asset/Asset TagIn Full

10 1000 1100 100 0000 221

FEDERAL TAX PAYMENT

867.78

N

Final

Batch 1099 Total: 0.00

Batch Total: 867.78

Report 1099 Total: 0.00

Report Total: 867.78

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

Batch Description: Invoices--OCTOBER 2017 BATCH 3

Processing Month: 10/2017

Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20171025	Amount:	3,508.75
Description:		Invoice Date: 10/16/2017	Due Date: 10/25/2017 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	ELECT--HS BLDG		3,508.75		N
					In Full
					Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20171025-0001	Amount:	55.68
Description:		Invoice Date: 10/16/2017	Due Date: 10/25/2017 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	ELEC==SPORTS COMPLEX		55.68		N
					In Full
					Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20171025-0002	Amount:	478.39
Description:		Invoice Date: 10/16/2017	Due Date: 10/25/2017 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	ELEC--SHOP		478.39		N
					In Full
					Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20171025-0003	Amount:	144.46
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017 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 8270 622	ELEC--BUS BARN		144.46		N
					In Full
					Final
Vendor ID: 100445	ANDY'S MINI MART	PO Number:	Invoice Number: 60811	Amount:	79.35
Description:		Invoice Date: 10/20/2017	Due Date: 10/25/2017 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 MEETING MEAL		79.35		N
					In Full
					Final
Vendor ID: 100002	CASH	PO Number:	Invoice Number: 20171025	Amount:	300.00
Description:		Invoice Date: 10/25/2017	Due Date: 10/25/2017 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 0000 612	ATHLETIC CASH BOX		300.00		N
					In Full
					Final
Vendor ID: 100196	CITY OF RICEVILLE	PO Number:	Invoice Number: 19652	Amount:	825.46
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017 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		252.73		N
10 0000 2600 000 0000 421	GARBAGE		320.00		N
10 0000 2600 000 0000 411	SEWER		252.73		N
					In Full
					Final
					Final
					Final

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

Vendor ID: 100196	CITY OF RICEVILLE	PO Number:	Invoice Number: 19653	Amount:	26.82
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017	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		13.41		N
10 0000 2600 000 0000 411	WATER		13.41		N
					In Full
					Final
					Final
Vendor ID: 100196	CITY OF RICEVILLE	PO Number:	Invoice Number: 19654	Amount:	29.24
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017	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		14.62		N
10 0000 2600 000 0000 411	SEWER		14.62		N
					In Full
					Final
					Final
Vendor ID: 100320	CONTINENTAL RESEARCH CORP.	PO Number:	Invoice Number: 456598-CRC-1	Amount:	424.93
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017	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	SUPER TRAPS		424.93		N
					In Full
					Final
					Final
Vendor ID: 706884	EARTHGRAINS BAKING CO, INC	PO Number:	Invoice Number: 52251918334	Amount:	112.80
Description:		Invoice Date: 10/13/2017	Due Date: 10/25/2017	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	BREAD		112.80		N
					In Full
					Final
					Final
Vendor ID: 103876	GIELAU, AL	PO Number:	Invoice Number: 20171025	Amount:	80.00
Description:		Invoice Date: 10/16/2017	Due Date: 10/25/2017	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 6720 345	OFFICIAL		80.00	80.00	N
					In Full
					Final
					Final
Vendor ID: 707270	GILLETTE GROUP	PO Number:	Invoice Number: 9224710	Amount:	142.71
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017	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 619	VENDING MACHINE SUPPLIES		142.71		N
					In Full
					Final
					Final
Vendor ID: 706817	HENN, GREG	PO Number:	Invoice Number: 20171025	Amount:	80.00
Description:		Invoice Date: 10/16/2017	Due Date: 10/25/2017	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 6720 345	OFFICIAL		80.00	80.00	N
					In Full
					Final
					Final
Vendor ID: 105705	HOCKEY, SCOTT	PO Number:	Invoice Number: 20171025	Amount:	95.00

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

Description:	Invoice Date:	10/20/2017	Due Date:	10/25/2017	Status:	A	1099 Amount:	95.00
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 6720 345	OFFICIAL		95.00	95.00	N		Final	
Vendor ID: 102923	IA FFA ASSOCIATION	PO Number:	Invoice Number: 22519	Amount:				1,017.50
Description:	Invoice Date:	10/17/2017	Due Date:	10/25/2017	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 950 7960 612	FFA MEMBERSHIP DUES		1,017.50		N		Final	
Vendor ID: 100788	IA GIRLS H S ATHLETIC UNION	PO Number:	Invoice Number: 20171025	Amount:				1,554.00
Description:	Invoice Date:	10/24/2017	Due Date:	10/25/2017	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 0000 612	REGIONAL VOLLEYBALL		1,554.00		N		Final	
Vendor ID: 707309	KLAPPERICH, BARB	PO Number:	Invoice Number: 20171025	Amount:				50.00
Description:	Invoice Date:	10/18/2017	Due Date:	10/25/2017	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 1100 100 3376 810	PD INSTRUCTOR		50.00		N		Final	
Vendor ID: 101366	L & M BOILER SYSTEMS INC	PO Number:	Invoice Number: 19974	Amount:				1,636.55
Description:	Invoice Date:	10/18/2017	Due Date:	10/25/2017	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 433	BOILER REPAIR		1,636.55		N		Final	
Vendor ID: 707310	LUBBERT, ASHLEY LUBBERT	PO Number:	Invoice Number: 20171025	Amount:				200.00
Description:	Invoice Date:	10/25/2017	Due Date:	10/25/2017	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 1910 000 0000	REFUND PK TUITION		200.00		N		Final	
Vendor ID: 100793	LYNCH, JACK	PO Number:	Invoice Number: 20171025	Amount:				80.00
Description:	Invoice Date:	10/16/2017	Due Date:	10/25/2017	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 6720 345	OFFICIAL		80.00	80.00	N		Final	
Vendor ID: 707134	MARCO INC.	PO Number:	Invoice Number: 56718282	Amount:				1,340.20
Description:	Invoice Date:	11/15/2017	Due Date:	10/25/2017	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>	

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

36 0000 2600 000 0000 442	COPIER LEASE	1,340.20	N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 6958093	Amount: 567.88
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017	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 618	FS SUPPLIES		54.56	N Final
61 0000 3110 000 0000 631	FOOD		513.32	N Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 6963110	Amount: 1,622.78
Description:		Invoice Date: 10/23/2017	Due Date: 10/25/2017	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 618	FS SUPPLIES		11.04	N Final
61 0000 3110 000 0000 631	FOOD		1,611.74	N Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 6963111	Amount: 53.31
Description:		Invoice Date: 10/23/2017	Due Date: 10/25/2017	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	GARBAGE LINERS		53.31	N Final
Vendor ID: 105707	MARTIN, CHRIS	PO Number:	Invoice Number: 20171025	Amount: 120.00
Description:		Invoice Date: 10/20/2017	Due Date: 10/25/2017	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 6720 345	OFFICIAL		120.00	120.00 N Final
Vendor ID: 707308	MARTIN, STEVE	PO Number:	Invoice Number: 20171025	Amount: 95.00
Description:		Invoice Date: 10/20/2017	Due Date: 10/25/2017	Status: A 1099 Amount: 95.00
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 6720 345	OFFICIAL		95.00	95.00 N Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 217578.	Amount: 35.34
Description:		Invoice Date: 09/18/2017	Due Date: 10/25/2017	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 671	BRAKE FLUID		35.34	N Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 217999.	Amount: 158.36
Description:		Invoice Date: 09/27/2017	Due Date: 10/25/2017	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 673	HEADLIGHT & TAIL LIGHTS		158.36	N Final

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Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 218298.	Amount:	216.50
Description:		Invoice Date: 10/04/2017	Due Date: 10/25/2017	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	OIL & FILTERS		216.50		N
					In Full
					Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 218343.	Amount:	71.39
Description:		Invoice Date: 10/04/2017	Due Date: 10/25/2017	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	OIL FILTER & CLAMP		71.39		N
					In Full
					Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 218609.	Amount:	24.59
Description:		Invoice Date: 10/11/2017	Due Date: 10/25/2017	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	WIPER BLADES		24.59		N
					In Full
					Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 218954	Amount:	151.66
Description:		Invoice Date: 10/19/2017	Due Date: 10/25/2017	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	PIPE CONNECTOR & PAINT		151.66		N
					In Full
					Final
Vendor ID: 102608	NIACC	PO Number:	Invoice Number: 46417	Amount:	510.00
Description:		Invoice Date: 10/02/2017	Due Date: 10/25/2017	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 810	DRIVER AUTHORIZATION CLASS		510.00		N
					In Full
					Final
Vendor ID: 104222	PAVLOVICH, JEFF	PO Number:	Invoice Number: 20171025	Amount:	80.00
Description:		Invoice Date: 10/16/2017	Due Date: 10/25/2017	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 6720 345	OFFICIAL		80.00	80.00	N
					In Full
					Final
Vendor ID: 706882	POLLARD PEST CONTROL CO. & LAWN CARE	PO Number:	Invoice Number: 20171025	Amount:	80.00
Description:		Invoice Date: 10/24/2017	Due Date: 10/25/2017	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
Vendor ID: 100025	QUILL CORPORATION	PO Number:	Invoice Number: 107038835	Amount:	23.19
Description:		Invoice Date: 10/12/2017	Due Date: 10/25/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

Invoice Listing - Detail
Unposted; Batch Description Invoices--OCTOBER 2017 BATCH 3'

<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	BINDER		23.19		N	Final
Vendor ID: 100025 QUILL CORPORATION						
Description:		PO Number:	Invoice Number: 1660183		Amount: 3,494.98	
Sequence: 1 Check Type:		Invoice Date: 10/25/2017 Due Date: 10/25/2017 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 2310 000 0000 611	FIREPROOF FILE CABINETS		3,494.98		N	Final
Vendor ID: 706974 RICEVILLE COMMUNITY MARKET PLACE,						
Description:		PO Number:	Invoice Number: 49264		Amount: 13.38	
Sequence: 1 Check Type:		Invoice Date: 10/19/2017 Due Date: 10/25/2017 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 3200 1300 355 0000 612	FACS FOOD SUPPLIES		13.38		N	Final
Vendor ID: 100004 TRUE VALUE						
Description:		PO Number:	Invoice Number: B123187		Amount: 56.25	
Sequence: 1 Check Type:		Invoice Date: 10/25/2017 Due Date: 10/25/2017 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 680	FILTERS		56.25		N	Final
Vendor ID: 707274 ULINE						
Description:		PO Number:	Invoice Number: 91321123		Amount: 188.76	
Sequence: 1 Check Type:		Invoice Date: 10/13/2017 Due Date: 10/25/2017 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>
61 0000 3110 000 0000 618	WIRE SHELVEING		188.76		N	Final
Vendor ID: 102183 WEBER AUTO PARTS						
Description:		PO Number:	Invoice Number: 365279		Amount: 134.29	
Sequence: 1 Check Type:		Invoice Date: 10/25/2017 Due Date: 10/25/2017 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	FUSE, FITTING & BRAKES		134.29		N	Final
Batch 1099 Total:			630.00	Batch Total:		
Report 1099 Total:			630.00	Report Total:		

Batch Description: Invoices—OCTOBER 2017 BATCH 3

Processing Month: 10/2017

Vendor ID: 101435	BUREAU OF EDUCATION & RESEARCH	PO Number:	Invoice Number: 4754824	Amount:	657.00
Description:		Invoice Date: 10/11/2017	Due Date: 10/16/2017	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>
10 1000 1100 100 3376 810	STRUGGLING READERS CONFERENCE		657.00		N
					In Full
					Final
Vendor ID: 706986	COMPUTER RESOURCE CENTER	PO Number:	Invoice Number: 7862	Amount:	610.00
Description:		Invoice Date: 10/16/2017	Due Date: 10/13/2017	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	COMPUTER REPAIR		610.00		N
					In Full
					Final
Vendor ID: 706884	EARTHGRAINS BAKING CO, INC	PO Number:	Invoice Number: 52251918226	Amount:	30.00
Description:		Invoice Date: 10/06/2017	Due Date: 10/16/2017	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>
61 0000 3110 000 0000 631	BREAD		30.00		N
					In Full
					Final
Vendor ID: 102818	GREAT AMERICAN OPPORTUNITIES	PO Number:	Invoice Number: 913869535	Amount:	2,763.68
Description:		Invoice Date: 10/13/2017	Due Date: 10/28/2017	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 7994 612	MAGAZINE SALES		600.40		N
					In Full
					Final
21 0000 1400 950 7983 612	MAGAZINE SALES		533.65		N
					In Full
					Final
21 0000 1400 950 7984 612	MAGAZINE SALES		1,629.63		N
					In Full
					Final
Vendor ID: 100726	JMC COMPUTER SERVICE INC	PO Number: 19971H	Invoice Number: 50523	Amount:	39.00
Description:		Invoice Date: 10/13/2017	Due Date: 10/16/2017	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>
10 3200 2410 000 0000 611	JMC Summary Labels		39.00		N
					In Full
					Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 6949552	Amount:	290.10
Description:		Invoice Date: 10/13/2017	Due Date: 10/16/2017	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>
61 0000 3110 000 0000 618	DE LIMER		290.10		N
					In Full
					Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 6949561	Amount:	242.98
Description:		Invoice Date: 10/13/2017	Due Date: 10/16/2017	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>
61 0000 3110 000 0000 618	DETERGENT		242.98		N
					In Full
					Final

Invoice Listing - Detail
Unposted; Batch Description Invoices—OCTOBER 2017 BATCH 3

Vendor ID: 706974		RICEVILLE COMMUNITY MARKET PLACE,		PO Number:	Invoice Number: 48983		Amount:	6.34
Description:				Invoice Date: 10/16/2017	Due Date: 10/16/2017	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>	<u>In Full</u>	
10 3200 1300 355 0000 612	FACS FOOD SUPPLIES			6.34		N	Final	
Vendor ID: 100229		SCHOOL BUS SALES CO		PO Number:	Invoice Number: IN56571		Amount:	88.65
Description:				Invoice Date: 10/11/2017	Due Date: 10/16/2017	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>	<u>In Full</u>	
10 0000 2700 000 0000 673	ARM CROSSING			88.65		N	Final	
				Batch 1099 Total:	0.00		Batch Total:	4,727.75
				Report 1099 Total:	0.00		Report Total:	4,727.75

Invoice Listing - Detail
Unposted; Batch Description Invoices--NOVEMBER 2017 BATCH 2

Batch Description: Invoices--NOVEMBER 2017 BATCH 2

Processing Month: 11/2017

Vendor ID: 707133 **AHLERS & COONEY, P.C.**

PO Number: **Invoice Number: 737364** **Amount: 292.00**

Description: Invoice Date: 10/31/2017 Due Date: 11/17/2017 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 342	LEGASL SERVICES		292.00		N	Final

Vendor ID: 101231 **ANDERSON ERICKSON DAIRY CO**

PO Number: **Invoice Number: 11299** **Amount: 363.67**

Description: Invoice Date: 10/10/2017 Due Date: 11/17/2017 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		363.67		N	Final

Vendor ID: 101231 **ANDERSON ERICKSON DAIRY CO**

PO Number: **Invoice Number: 13027** **Amount: 275.96**

Description: Invoice Date: 10/13/2017 Due Date: 11/17/2017 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		275.96		N	Final

Vendor ID: 101231 **ANDERSON ERICKSON DAIRY CO**

PO Number: **Invoice Number: 14567** **Amount: 390.11**

Description: Invoice Date: 10/17/2017 Due Date: 11/17/2017 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		390.11		N	Final

Vendor ID: 101231 **ANDERSON ERICKSON DAIRY CO**

PO Number: **Invoice Number: 16291** **Amount: 235.26**

Description: Invoice Date: 10/20/2017 Due Date: 11/17/2017 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		235.26		N	Final

Vendor ID: 101231 **ANDERSON ERICKSON DAIRY CO**

PO Number: **Invoice Number: 17849** **Amount: 377.62**

Description: Invoice Date: 10/27/2017 Due Date: 11/17/2017 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		377.62		N	Final

Vendor ID: 101231 **ANDERSON ERICKSON DAIRY CO**

PO Number: **Invoice Number: 19616** **Amount: 140.82**

Description: Invoice Date: 10/27/2017 Due Date: 11/17/2017 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		140.82		N	Final

Vendor ID: 101231 **ANDERSON ERICKSON DAIRY CO**

PO Number: **Invoice Number: 21191** **Amount: 348.69**

Description: Invoice Date: 10/31/2017 Due Date: 11/17/2017 Status: A 1099 Amount: 0.00

Invoice Listing - Detail
Unposted; Batch Description Invoices--NOVEMBER 2017 BATCH 2

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		348.69		N	Final	
Vendor ID: 101231	ANDERSON ERICKSON DAIRY CO	PO Number:	Invoice Number: 396511.	Amount:	100.00		
Description:		Invoice Date: 09/08/2017	Due Date: 11/17/2017	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		100.00		N	Final	
Vendor ID: 101231	ANDERSON ERICKSON DAIRY CO	PO Number:	Invoice Number: 8022	Amount:	282.89		
Description:		Invoice Date: 10/03/2017	Due Date: 11/17/2017	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		282.89		N	Final	
Vendor ID: 101231	ANDERSON ERICKSON DAIRY CO	PO Number:	Invoice Number: 9753	Amount:	259.88		
Description:		Invoice Date: 10/06/2017	Due Date: 11/17/2017	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		259.88		N	Final	
Vendor ID: 100445	ANDY'S MINI MART	PO Number:	Invoice Number: 20171117	Amount:	59.56		
Description:		Invoice Date: 11/17/2017	Due Date: 11/17/2017	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 950 7960 612	FFA MEETING POP & PIZZA		59.56		N	Final	
Vendor ID: 707211	BLICK ART SUPPLIES	PO Number: 19955H	Invoice Number: 8416074	Amount:	103.84		
Description:		Invoice Date: 10/27/2017	Due Date: 11/17/2017	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 2213 100 3116 612	PD SUPPLIES		103.84		N	Final	
Vendor ID: 105240	BUCKWHEAT & SONS CONSTRUCTION LLC	PO Number:	Invoice Number: 20171117	Amount:	5,400.00		
Description:		Invoice Date: 11/10/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 5,400.00		
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 8021 618	CEMENT TRAIL		5,400.00	5,400.00	N	Final	
Vendor ID: 104968	BUSHMAN INSURANCE	PO Number:	Invoice Number: 20171117	Amount:	101.00		
Description:		Invoice Date: 10/24/2017	Due Date: 11/17/2017	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>	
22 0000 2600 000 0000 524	GENERAL LIAB INS		101.00		N	Final	

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Vendor ID: 100764	CENTRAL LOCK & KEY	PO Number:	Invoice Number: E5213	Amount:	263.00
Description:		Invoice Date: 10/26/2017	Due Date: 11/17/2017	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 432	DOOR LOCK REPAIR		263.00	N	In Full
					Final
Vendor ID: 105485	CLASSROOM DIRECT	PO Number: 19979H	Invoice Number: 208119581427	Amount:	163.35
Description:		Invoice Date: 11/10/2017	Due Date: 11/17/2017	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 910 6210 612	School Smart Polypropylene Round Ring Bi		163.35	N	In Full
					Final
Vendor ID: 707312	COCHRAN, JAKEB	PO Number:	Invoice Number: 20171117	Amount:	95.00
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 95.00
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 345	OFFICIAL		95.00	95.00 N	In Full
					Final
Vendor ID: 104466	CULLIGAN WATER CONDITIONING	PO Number:	Invoice Number: 93671	Amount:	17.40
Description:		Invoice Date: 11/10/2017	Due Date: 11/17/2017	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	SALT		17.40	N	In Full
					Final
Vendor ID: 100140	DALCO	PO Number:	Invoice Number: 3239947	Amount:	1,162.14
Description:		Invoice Date: 10/25/2017	Due Date: 11/17/2017	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	HAND SOAP		1,162.14	N	In Full
					Final
Vendor ID: 100140	DALCO	PO Number:	Invoice Number: 3248461	Amount:	61.81
Description:		Invoice Date: 11/16/2017	Due Date: 11/17/2017	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	CLEANING SUPPLIES		61.81	N	In Full
					Final
Vendor ID: 100050	DECKER SPORTING GOODS	PO Number:	Invoice Number: AAN017113-AJ02	Amount:	58.50
Description:		Invoice Date: 10/27/2017	Due Date: 11/17/2017	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 925 6835 612	SOFTBALLS		58.50	N	In Full
					Final
Vendor ID: 100050	DECKER SPORTING GOODS	PO Number:	Invoice Number: AAN017174-AJ02	Amount:	30.00
Description:		Invoice Date: 10/27/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

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21 0000 1400 920 0000 612	WHISTLES & LANYARDS		30.00		N	Final
Vendor ID: 100310 DICK BLICK ART MATERIALS						
Description:		PO Number:	19961H	Invoice Number:	8451333	Amount:
Sequence: 1	Check Type:	Invoice Date:	11/04/2017	Due Date:	11/17/2017	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 3200 1100 102 8974 612	ART SUPPLIES--SOS GRANT		785.30		N	Final
Vendor ID: 100310 DICK BLICK ART MATERIALS						
Description:		PO Number:	19961H	Invoice Number:	8470442	Amount:
Sequence: 1	Check Type:	Invoice Date:	11/08/2017	Due Date:	11/17/2017	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 3200 1100 102 8974 612	ART SUPPLIES--SOS GRANT		902.85		N	Final
Vendor ID: 706884 EARTHGRAINS BAKING CO, INC						
Description:		PO Number:		Invoice Number:	52251918449	Amount:
Sequence: 1	Check Type:	Invoice Date:	10/20/2017	Due Date:	11/17/2017	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>
61 0000 3110 000 0000 631	BREAD		44.00		N	Final
Vendor ID: 706884 EARTHGRAINS BAKING CO, INC						
Description:		PO Number:		Invoice Number:	52251918560	Amount:
Sequence: 1	Check Type:	Invoice Date:	10/27/2017	Due Date:	11/17/2017	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>
61 0000 3110 000 0000 631	BREAD		183.60		N	Final
Vendor ID: 706884 EARTHGRAINS BAKING CO, INC						
Description:		PO Number:		Invoice Number:	52251918673	Amount:
Sequence: 1	Check Type:	Invoice Date:	11/03/2017	Due Date:	11/17/2017	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>
61 0000 3110 000 0000 631	BREAD		17.60		N	Final
Vendor ID: 706958 EMS DETERGENT SERVICES						
Description:		PO Number:		Invoice Number:	0611171701	Amount:
Sequence: 1	Check Type:	Invoice Date:	11/17/2017	Due Date:	11/17/2017	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>
61 0000 3110 000 0000 618	DETERGENT		910.78		N	Final
Vendor ID: 102903 EVANS PRINTING & PUBLISHING						
Description:		PO Number:		Invoice Number:	2993	Amount:
Sequence: 1	Check Type:	Invoice Date:	10/31/2017	Due Date:	11/17/2017	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 2310 000 0000 613	SUBSCRIPTION FOR PAPER		35.00		N	Final
10 3200 1100 100 0000 810	COLLEGE & CAREER AD		82.50		N	Final

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Vendor ID: 103140	FELDT, ALLEN	PO Number:	Invoice Number: 20171117	Amount:	507.50
Description:		Invoice Date: 11/17/2017	Due Date: 11/17/2017	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 3373 810	REIMB TUITION		507.50	N	In Full
					Final
Vendor ID: 707270	GILLETTE GROUP	PO Number:	Invoice Number: 9225277	Amount:	102.40
Description:		Invoice Date: 11/02/2017	Due Date: 11/17/2017	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 1100 100 8031 618	ELEM LOUNGE POP		102.40	N	In Full
					Final
Vendor ID: 707270	GILLETTE GROUP	PO Number:	Invoice Number: 9225840	Amount:	204.80
Description:		Invoice Date: 11/16/2017	Due Date: 11/17/2017	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 1100 100 8031 618	ELEM LOUNGE POP		204.80	N	In Full
					Final
Vendor ID: 103833	GRANT WOOD AEA 10	PO Number:	Invoice Number: 125418	Amount:	40.00
Description:		Invoice Date: 11/06/2017	Due Date: 11/17/2017	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 3376 810	VAST TRAINING		40.00	N	In Full
					Final
Vendor ID: 103833	GRANT WOOD AEA 10	PO Number:	Invoice Number: 125419	Amount:	40.00
Description:		Invoice Date: 11/06/2017	Due Date: 11/17/2017	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 3376 810	VAST TRAINING		40.00	N	In Full
					Final
Vendor ID: 103833	GRANT WOOD AEA 10	PO Number:	Invoice Number: 125420	Amount:	40.00
Description:		Invoice Date: 11/06/2017	Due Date: 11/17/2017	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 3376 810	VAST TRAINING		40.00	N	In Full
					Final
Vendor ID: 101465	GRP & ASSOCIATES	PO Number:	Invoice Number: 168318	Amount:	40.00
Description:		Invoice Date: 10/30/2017	Due Date: 11/17/2017	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 2134 000 0000 613	MEDICAL WASTE		40.00	N	In Full
					Final
Vendor ID: 103183	HAWKEYE STATE SCALE	PO Number:	Invoice Number: 47255	Amount:	75.00
Description:		Invoice Date: 11/10/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

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21 0000 1400 920 6790 612	TESTING WEIGHT SCALE		75.00		N	Final
Vendor ID: 706966 INTERSTATE MUSIC						
Description:			PO Number: 19958H	Invoice Number: 9042319	Amount:	95.08
Sequence: 1 Check Type:			Invoice Date: 10/27/2017	Due Date: 11/17/2017	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 910 6220 612	PRO-TEC PADDED SAX NECK STRAPS		41.97		N	Final
21 0000 1400 910 6220 612	NEOTECH SUPPORT HARNESS (REGULAR)		40.75		N	Final
21 0000 1400 910 6220 612	SHIPPING		12.36		N	Final
Vendor ID: 100031 IOWA ASSOCIATION OF SCHOOL BOARDS						
Description:			PO Number:	Invoice Number: IDATPMD00001167	Amount:	991.00
Sequence: 1 Check Type:			Invoice Date: 12/01/2017	Due Date: 11/17/2017	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 2310 000 0000 810	IDATP ANNUAL DUES		991.00		N	Final
Vendor ID: 102635 IOWA COMMUNICATIONS NETWORK						
Description:			PO Number:	Invoice Number: 499714	Amount:	157.75
Sequence: 1 Check Type:			Invoice Date: 04/04/2017	Due Date: 11/17/2017	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 SERVICES		157.75		N	Final
Vendor ID: 102635 IOWA COMMUNICATIONS NETWORK						
Description:			PO Number:	Invoice Number: 516683	Amount:	120.58
Sequence: 1 Check Type:			Invoice Date: 11/02/2017	Due Date: 11/17/2017	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		120.58		N	Final
Vendor ID: 104161 JOSTENS, INC						
Description:			PO Number:	Invoice Number: 20171117	Amount:	914.00
Sequence: 1 Check Type:			Invoice Date: 12/01/2017	Due Date: 11/17/2017	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 950 7950 612	1ST PAYMENT YEARBOOKS		914.00		N	Final
Vendor ID: 105414 LYNCH DALLAS, PC						
Description:			PO Number:	Invoice Number: 146896	Amount:	82.50
Sequence: 1 Check Type:			Invoice Date: 10/31/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 82.50
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 SERVICES		82.50	82.50	N	Final
Vendor ID: 707307 MAKE MUSIC						
Description:			PO Number: 19960E	Invoice Number: INV-MM6844359	Amount:	399.00
Sequence: 1 Check Type:			Invoice Date: 10/31/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00
Checking Account ID:			Check Number:	Check Date:		

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10 0000 1100 100 8031 618	SMART TEACH PLATFORM		399.00		N	Final
Vendor ID: 706920 MARCO						
Description:		PO Number:	Invoice Number: INV4693168		Amount:	107.22
Sequence: 1	Check Type:	Invoice Date: 10/23/2017	Due Date: 11/17/2017	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 2410 000 0000 611	STAPLES		53.61		N	Final
10 3200 2410 000 0000 611	STAPLES		53.61		N	Final
Vendor ID: 100007 MARTIN BROS DIST						
Description:		PO Number:	Invoice Number: 4988560		Amount:	46.24
Sequence: 1	Check Type:	Invoice Date: 11/08/2017	Due Date: 11/17/2017	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>
61 0000 3110 000 0000 631	BEANS		46.24		N	Final
Vendor ID: 100007 MARTIN BROS DIST						
Description:		PO Number:	Invoice Number: 6970158		Amount:	87.28
Sequence: 1	Check Type:	Invoice Date: 10/26/2017	Due Date: 11/17/2017	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>
61 0000 3110 000 0000 618	DESCALING POWDER		87.28		N	Final
Vendor ID: 100007 MARTIN BROS DIST						
Description:		PO Number:	Invoice Number: 6974727		Amount:	(5.16)
Sequence: 1	Check Type:	Invoice Date: 11/08/2017	Due Date: 11/17/2017	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>
61 0000 3110 000 0000 631	PINEAPPLE REFUND		(5.16)		N	Final
Vendor ID: 100007 MARTIN BROS DIST						
Description:		PO Number:	Invoice Number: 6985777		Amount:	(41.42)
Sequence: 1	Check Type:	Invoice Date: 11/09/2017	Due Date: 11/17/2017	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>
61 0000 3110 000 0000 631	PORK & BEAN CREDIT		(41.42)		N	Final
Vendor ID: 100007 MARTIN BROS DIST						
Description:		PO Number:	Invoice Number: 6985777.		Amount:	1,093.45
Sequence: 1	Check Type:	Invoice Date: 11/06/2017	Due Date: 11/17/2017	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>
61 0000 3110 000 0000 618	FS SUPPLIES		135.89		N	Final
61 0000 3110 000 0000 631	FOOD		957.56		N	Final
Vendor ID: 100007 MARTIN BROS DIST						
Description:		PO Number:	Invoice Number: 6997223		Amount:	1,143.06
Sequence: 1	Check Type:	Invoice Date: 11/13/2017	Due Date: 11/17/2017	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>

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61 0000 3110 000 0000 631	FOOD	1,143.06	N	Final
Vendor ID: 100224	NASCO	PO Number: 19978H	Invoice Number: 688884	Amount: 102.00
Description:		Invoice Date: 11/06/2017	Due Date: 11/17/2017	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 612	7"-9" Rat Double Injected		102.00	N Final
Vendor ID: 100806	NORTH CENTRAL DISTRICT FFA	PO Number:	Invoice Number: 20171117	Amount: 75.00
Description:		Invoice Date: 09/28/2017	Due Date: 11/17/2017	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 950 7960 612	NCGFU REGISTRATION		75.00	N Final
Vendor ID: 104427	NORTH IOWA MEDIA GROUP	PO Number:	Invoice Number: 20171117	Amount: 84.63
Description:		Invoice Date: 10/29/2017	Due Date: 11/17/2017	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	BUS ADS		84.63	N Final
Vendor ID: 707225	NORTH TAMA CSD	PO Number:	Invoice Number: 20171117	Amount: 1,035.48
Description:		Invoice Date: 11/17/2017	Due Date: 11/17/2017	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 ENROLLMENT		1,035.48	0.00 N Final
Vendor ID: 100495	NORTHEAST IOWA COMMUNITY COLLEGE	PO Number:	Invoice Number: 709635	Amount: 60.00
Description:		Invoice Date: 11/24/2017	Due Date: 11/17/2017	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 810	ALECKS TESTING		60.00	N Final
Vendor ID: 100051	OMNITEL COMMUNICATIONS	PO Number:	Invoice Number: 20171117	Amount: 1,644.22
Description:		Invoice Date: 11/01/2017	Due Date: 11/17/2017	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		334.22	N Final
10 0000 2320 000 0000 538	INTERNET		1,310.00	N Final
Vendor ID: 102415	PLANK ROAD PUBLISHING, INC.	PO Number:	Invoice Number: 18-019582	Amount: 259.68
Description:		Invoice Date: 10/27/2017	Due Date: 11/17/2017	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 910 6210 612	MUSIC		259.68	N Final

Invoice Listing - Detail
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Vendor ID: 100025	QUILL CORPORATION	PO Number:	Invoice Number: 2168205	Amount:	1.19
Description:		Invoice Date: 10/02/2017	Due Date: 11/17/2017 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 1000 100 3117 612	BIG BANDS		1.19		N
					In Full
					Final
Vendor ID: 102340	REPAIR SHOP, THE	PO Number:	Invoice Number: 9701	Amount:	150.36
Description:		Invoice Date: 10/24/2017	Due Date: 11/17/2017 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	ABS CODE		150.36		N
					In Full
					Final
Vendor ID: 706974	RICEVILLE COMMUNITY MARKET PLACE,	PO Number:	Invoice Number: 50311	Amount:	11.47
Description:		Invoice Date: 10/30/2017	Due Date: 11/17/2017 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		11.47		N
					In Full
					Final
Vendor ID: 706974	RICEVILLE COMMUNITY MARKET PLACE,	PO Number:	Invoice Number: 51089	Amount:	37.88
Description:		Invoice Date: 11/08/2017	Due Date: 11/17/2017 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		37.88		N
					In Full
					Final
Vendor ID: 103208	SCHOFIELD, DAN	PO Number:	Invoice Number: 20171117	Amount:	95.00
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017 Status: A	1099 Amount: 95.00	
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 345	OFFICIAL		95.00	95.00	N
					In Full
					Final
Vendor ID: 100229	SCHOOL BUS SALES CO	PO Number:	Invoice Number: IN57562	Amount:	123.24
Description:		Invoice Date: 11/01/2017	Due Date: 11/17/2017 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	LIGHTS		123.24		N
					In Full
					Final
Vendor ID: 100229	SCHOOL BUS SALES CO	PO Number:	Invoice Number: IN57575	Amount:	246.33
Description:		Invoice Date: 11/13/2017	Due Date: 11/17/2017 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	LED BRAKE LIGHTS		246.33		N
					In Full
					Final
Vendor ID: 100229	SCHOOL BUS SALES CO	PO Number:	Invoice Number: IN57975	Amount:	316.00
Description:		Invoice Date: 11/10/2017	Due Date: 11/17/2017 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

Invoice Listing - Detail
Unposted; Batch Description Invoices--NOVEMBER 2017 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 2700 000 0000 673	STOP ARM BASE		316.00		N	Final
Vendor ID: 101717	SCHOOL SPECIALTY SUPPLY INC	PO Number:	Invoice Number: 208119536287		Amount:	228.90
Description:		Invoice Date: 10/31/2017	Due Date: 11/17/2017	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 1100 100 0000 612	LAMINATION		228.90		N	Final
Vendor ID: 707007	SOLUTION TREE	PO Number: 19956E	Invoice Number: 907321		Amount:	30.95
Description:		Invoice Date: 10/25/2017	Due Date: 11/17/2017	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 1100 100 3376 810	Timebomb DVD		24.95		N	Final
10 1000 1100 100 3376 810	SHIPPING		6.00		N	Final
Vendor ID: 105216	STACYVILLE LP GAS CO	PO Number:	Invoice Number: 165160		Amount:	628.53
Description:		Invoice Date: 11/10/2017	Due Date: 11/17/2017	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 623	LP BUS BARN		628.53		N	Final
Vendor ID: 100044	SUPERIOR WELDING SUPPLY CO	PO Number:	Invoice Number: 863217		Amount:	77.47
Description:		Invoice Date: 11/06/2017	Due Date: 11/17/2017	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 612	TUNGSTEN		77.47		N	Final
Vendor ID: 706777	TIMBERLINE BILLING SERVICE LLC	PO Number:	Invoice Number: 12796		Amount:	243.83
Description:		Invoice Date: 10/31/2017	Due Date: 11/17/2017	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 2510 217 3303 351	MEDICAID BILLING		243.83		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A130776		Amount:	28.48
Description:		Invoice Date: 10/27/2017	Due Date: 11/17/2017	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	CUSTODIAL SUPPLIES		28.48		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A1430765		Amount:	60.12
Description:		Invoice Date: 10/27/2017	Due Date: 11/17/2017	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	CUSTODIAL SUPPLIES		60.12		N	Final

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Unposted; Batch Description Invoices--NOVEMBER 2017 BATCH 2

Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: B124146	Amount:	23.18
Description:		Invoice Date: 11/13/2017	Due Date: 11/17/2017	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 618	TRANSPORTATION SUPPLIES		23.18	N	In Full
					Final
Vendor ID: 102183	WEBER AUTO PARTS	PO Number:	Invoice Number: 367384	Amount:	253.27
Description:		Invoice Date: 11/07/2017	Due Date: 11/17/2017	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	FILTERS, BELTS, PAINT,& CONNECTORS		253.27	N	In Full
					Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1512735	Amount:	18.20
Description:		Invoice Date: 10/17/2017	Due Date: 11/17/2017	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 910 6220 612	RECORDERS		18.20	N	In Full
					Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1514837	Amount:	187.00
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017	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 910 6220 612	SOUSAPHONE REPAIR		187.00	N	In Full
					Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1514838	Amount:	147.00
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017	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 910 6220 612	FRENCH HORN REPAIR		147.00	N	In Full
					Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1514840	Amount:	87.00
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017	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 910 6220 612	TROMBONE REPAIR		87.00	N	In Full
					Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1514901	Amount:	107.00
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017	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 910 6220 612	TROMBONE REPAIR		107.00	N	In Full
					Final
Vendor ID: 102190	WEST MUSIC COMPANY	PO Number:	Invoice Number: SI1514903	Amount:	87.00
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	

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<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 910 6220 612	FRENCH HORN REPAIR		87.00		N	Final
Vendor ID: 102190 WEST MUSIC COMPANY		PO Number:	Invoice Number: SI1514965		Amount: 62.00	
Description:		Invoice Date: 10/20/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00	
Sequence: 1 Check Type:		Check Number:		Check Date:		
Checking Account ID:						
<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 910 6220 612	TRUMPET REPAIR		62.00		N	Final
Vendor ID: 102190 WEST MUSIC COMPANY		PO Number:	Invoice Number: SI1517405		Amount: 43.80	
Description:		Invoice Date: 10/26/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00	
Sequence: 1 Check Type:		Check Number:		Check Date:		
Checking Account ID:						
<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 910 6220 612	REMO HEAD		43.80		N	Final
Vendor ID: 102190 WEST MUSIC COMPANY		PO Number:	Invoice Number: SI1520072		Amount: 40.65	
Description:		Invoice Date: 10/31/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00	
Sequence: 1 Check Type:		Check Number:		Check Date:		
Checking Account ID:						
<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 910 6220 612	REEDS		40.65		N	Final
Vendor ID: 102190 WEST MUSIC COMPANY		PO Number:	Invoice Number: SI1523812		Amount: 40.95	
Description:		Invoice Date: 11/09/2017	Due Date: 11/17/2017	Status: A	1099 Amount: 0.00	
Sequence: 1 Check Type:		Check Number:		Check Date:		
Checking Account ID:						
<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 910 6220 612	REEDS		40.95		N	Final
			Batch 1099 Total:	5,672.50	Batch Total:	26,422.22
			Report 1099 Total:	5,672.50	Report Total:	26,422.22

LEGAL STATUS OF THE SCHOOL BOARD

Iowa law authorizes the creation of a Common Schools System. As part of this Common Schools System, this school district is a school corporation created and organized under Iowa law. This school district is known as the Riceville Community School District.

This school corporation is located in Howard and Mitchell Counties, and its affairs are conducted by the elected school officials, the Riceville Community School District Board of Directors. this school corporation has exclusive jurisdiction over school matters in the territory of the school district

Legal Reference: Iowa Code §§ 274.1, .2, .6, .7; 278.1(9); 279.8; 594A (2011)

Cross Reference: 200 Legal Status of the Board of Directors

Approved: February 18, 2013

Reviewed: November 18, 2013

Revised: _____

EDUCATIONAL PHILOSOPHY OF THE SCHOOL DISTRICT

As a school corporation of Iowa, the Riceville Community School District, acting through its board of directors, is dedicated to promoting an equal opportunity for a quality public education to its students. The board's ability may be limited by the school district's ability and willingness to furnish financial support in cooperation with student's parents and school district community. The board is also dedicated to providing the opportunity to develop a healthy social, intellectual, emotional, and physical self-concept in a learning environment that provides guidance to, and encourages critical thinking in, the students for a lifetime.

The board endeavors, through the dedication of the school district's resources, to encourage students, who come to the school district from a variety of backgrounds, to look forward to the time when they will have jobs, homes, families, places in the school district community, and attain recognition as individuals. In order to achieve this goal, the board will seek qualified employees dedicated to development of their professional skills for the betterment of the education program and for the expertise for educational productivity.

Instruction and curriculum are the key elements of a public education. Critical thinking and problem solving skills that will assist the students' preparation for life is instructed as part of a sequentially coordinated curriculum. The school district strives to prepare students for employment, to discover and nurture creative talent and to prepare them to meet and cope with social change in an atmosphere conducive to learning.

The support and involvement of the home and the school district community are essential to achieve educational excellence in the school district. The school district strives to maintain an active relationship with the home and the school district community to create within the students an awareness if dignity and worth of the individual, civic responsibility and respect for authority.

Legal Reference: Iowa Code §§ 256.11 (2011).

Cross Reference: 100 Equal Educational Opportunity
103 Long-Range Needs Assessment
209 Board of Directors' Management Procedures
600 Goals and Objectives of the Educational Program
602 Curriculum Development

Approved: August 14, 1989

Reviewed: November 18, 2013

Revised: February 18, 2013

EQUAL EDUCATIONAL OPPORTUNITY

The board will not discriminate in its educational activities on the basis of race, color, national origin, creed, socio-economic status, religion, sex, disability, sexual orientation, gender identity or marital status.

The board requires all persons, agencies, vendors, contractors and other persons and organizations doing business with or performing services for the school district to subscribe to all applicable federal and state laws, executive orders, rules and regulations pertaining to contract compliance and equal opportunity.

The board is committed to the policy that no otherwise qualified person will be excluded from educational activities on the basis of race, color, national origin, creed, religion, sex, marital status, sexual orientation, gender identity or disability. Further, the board affirms the right of all students and staff to be treated with respect and to be protected from intimidation, physical harm and harassment.

Legal Reference: 20 U.S.C. §§ 1221 *et seq.* (2010)
20 U.S.C. §§ 1681 *et seq.* (2010)
20 U.S.C. §§ 1701 *et seq.* (2010)
29 U.S.C. § 794 (2010).
42 U.S.C. §§ 12101 *et seq.* (2010)
34 C.F.R. Pt. 100 (2010).
34 C.F.R. Pt. 104 (2010).
Iowa Code §§ 216.9; 256.11; 280.3 (2011)
281 I.A.C. 12.

Cross Reference: 101 Equal Philosophy of the School District
401.1 Equal Employment Opportunity
500 Objective for Equal Educational Opportunities for Students
506.1 Student records
602 Curriculum Development

Approved: February 18, 2013

Reviewed: November 18, 2013

Revised: _____

NOTICE OF NONDISCRIMINATION

Students, parents, employees and others doing business with or performing services for the Riceville Community School District are hereby notified that this school district does not discriminate on the basis of race, color, age (except students), religion, national origin, creed, sex, marital status, sexual orientation, gender identity or disability in admission or access to, or treatment in, its programs and activities.

The school district does not discriminate on the basis of race, color, age (except students), religion, national origin, creed, sex, sexual orientation, gender identity or disability in admission or access to, or treatment in, its hiring and employment practices. Any person having inquiries concerning the school district's compliance with the regulations implementing Title VI, Title VII, Title IX, the American with Disabilities Act (ADA), § 504 or *Iowa Code* § 504 and *Iowa Code* § 280.3 is directed to contact:

Barb Schwamman, Superintendent
912 Woodland Ave.
Riceville, IA 50466

641-985-2288

who has been designated by the school to coordinate the school district's efforts to comply with the regulations implementing Title VI, Title VII, Title IX, the American with Disabilities Act (ADA), § 504 or *Iowa Code* § 504 and *Iowa Code* § 280.3.

Approved: February 18, 2013

Reviewed: November 18, 2013

Revised: _____

GRIEVANCE FORM FOR COMPLAINTS OF DISCRIMINATION
OR NON-COMPLIANCE WITH FEDERAL OR STATE REGULATIONS
REQUIRING NON-DISCRIMINATION

I, _____, am filing this grievance because

(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible:

(Attach additional sheets if necessary)

Signature: _____

Address: _____

Phone Number: _____

If Student, Name: _____ Grade Level: _____

Attendance Center: _____

Approved: February 18, 2013

Reviewed: November 18, 2013

Revised: _____

GRIEVANCE DOCUMENTATION

Name: _____

Grievance Date: _____

State the nature of the complaint and the remedy requested.

Indicate Principal's or Supervisor's response or action to above complaint.

Signature of Principle or Supervisor: _____

Approved: February 18, 2013

Reviewed: November 18, 2013

Revised: _____

SECTION 504 STUDENT AND PARENTAL RIGHTS

The Riceville Community School District does not discriminate in its educational programs and activities on the basis of a student's disability. It has been determined that your child has a qualifying disability for which accommodations may need to be met his or her individual needs, as adequately as the needs of other students. As a parent, you have the right to the following:

- participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
- receipt of free educational services to the extent they are provided students without disabilities;
- receipt of information about your child and your child's educational programs and activities in your native language;
- notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
- inspect and review your child's educational records including a right to copy those records for a reasonable fee; you also have a right to ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate; should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
- hearing before an impartial hearing officer if you disagree with your child's evaluation or placement; you have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.

Inquiries concerning the school district's compliance with the regulations implementing Title VI, Title IX, the Americans with Disabilities Act (ADA), § 504 or *Iowa Code* § 280.3 should be directed to:

Barb Schwamman, Superintendent
912 Woodland Ave.
Riceville, IA 50466

641-985-2288

who has been designated by the school district to coordinate the school district's efforts to comply with the regulations implementing Title VI, Title IX, the Americans with Disabilities Act (ADA), § 504 or *Iowa Code* § 280.3.

Approved: February 18, 2013 Reviewed: November 18, 2013 Revised: _____

GRIEVANCE PROCEDURE

Students, parents of students, employees, and applicants for employment in the school district will have the right to file a formal complaint alleging discrimination under federal or state regulations requiring non-discrimination in programs and employment.

Level One- Principle, Immediate Supervisor or
Personal Contact Person
(Informal and Optional - may be bypassed by the grievant)

Employees with a complaint of discrimination based upon their gender, race, national origin, creed, religion, age, sexual orientation, gender identity or disability are encouraged to first discuss it with their immediate supervisor, with the objective of resolving the matter informally. An applicant for employment with a complaint of discrimination based upon their gender, race, national origin, creed, religion, age, sexual orientation, gender identity or disabilities are encouraged to first discuss it with the personal contact person. This paragraph is for employees and "marital status" isn't a protected class for employees.

A student, or a parent, with a complaint of discrimination based upon the gender, race, national origin, creed, religion, marital status, sexual orientation, gender identity or disability are encouraged to discuss it with the instructor, counselor, supervisor, building administrator, program administrator or personnel contact person directly involved.

Level Two - Compliance Officer

If the grievance is not resolved at Level One and the grievant wishes to pursue the grievance, the grievant may formalize it by filing a complaint in writing on a Grievance Filing Form, which may be obtained from the Compliance Officer. The complaint will state the nature of the grievance and the remedy requested. The filing of the formal, written complaint at Level Two must be within 15 working days from the date of the event giving rise to the grievance, or from the date the grievant could reasonably become aware of such occurrence. The grievant may request that a meeting concerning the complaint be held with the Compliance Officer. A minor student may be accompanied at that meeting by a parent or guardian. The Compliance Officer will investigate the complaint and attempt to resolve it. A written report from the Compliance Officer regarding action taken will be sent to the involved parties with a reasonable time after receipt of the complaint.

Level Three- Superintendent/Administrator

If the complaint is not resolved at Level Two, the grievant may appeal it to Level Three by presenting a written appeal to the superintendent within five working days after the grievant receives the report from the Compliance Officer, the grievant may request a meeting with the Superintendent. The superintendent may request a meeting with the grievant to discuss the appeal. A decision will be rendered by the superintendent within a reasonable time after the receipt of written appeal. If, in cases of disability grievances at the elementary and secondary level, the issue is not resolved through the grievance process, the parents have a right to an impartial hearing to resolve the issue.

GRIEVANCE PROCEDURE

The procedure in no way denies the right of the grievant to file formal complaints with the Iowa Civil Rights Commission, the U.S. Department of Education Office for Civil Rights or Office of Special Education Programs, the Equal Employment Opportunity Commission, or the Iowa Department of Educational for mediation or reflection of civil rights grievance, or to seek private counsel for complaints alleging discrimination.

Level Four - Appeal to Board

If the grievant is not satisfied with the superintendent's decision, the grievant can file an appeal with the board within five working days of the decision. It is within the discretion of the board to determine whether it will hear the appeal.

The Compliance Officer is:

Name: Cory Schumann

Office Address: 912 Woodland Ave.

Phone Number: 641-985-2288

Office Hours: 8 am - 4 pm

LONG-RANGE NEEDS ASSESSMENT

Long-range needs assessment enables the school district to analyze assessment data, get feedback from the community about its expectation of students and determine how well students are meeting student learning goals. The board will conduct ongoing and in-depth needs assessment, soliciting information from businesses, labor, industry, higher education and community members, regarding their expectations for adequate student preparation.

In conjunction with the in-depth needs assessment of the school district, the board will authorize the appointment of a committee, representing administrators, employees, parents, students and community members, to make recommendations and assist the board in determining the priorities of the school district in addition to the basic skill areas of the education program.

Riceville School District utilizes the School Improvement Advisory Committee to provide insight and direction to the school board. Also, the district utilizes several advisory committees, including Perkins areas, to provide guidance on coursework and student readiness for career and college readiness.

It is the responsibility of the superintendent to ensure the school district community is informed of students' progress on state and locally determined indicators. The superintendent will report annually to the board about the means used to keep the community informed.

As a result of the board and committee's work, the board will determine major educational needs and rank them in priority order; develop long-range goals and plans to meet educational needs; establish and implement short-range and intermediate-range plans to meet the goals and to attain the desired levels of student performance; evaluate progress toward meeting the goals and maintain a record of progress under the plan that includes reports of student performance and results of the school improvement projects; and annually report the school district's progress made under the plan to the committee, community and Iowa Department of Education.

Legal Reference: Iowa Code §§ 21; 256.7; 280.12 (2011).
281 I.A.C. 12.8(1)(b).

Cross Reference: 101 Educational Philosophy of the School District
200 Legal Status of the Board of Directors
208 Committees of the Board of Directors
603.1 Basic Instruction Program
801.1 Building and Sites Long Range Planning
801.2 Building and Sites Surveys

Approved: February 18, 2013 Reviewed: November 18, 2013 Revised: _____

LONG-RANGE NEEDS ASSESSMENT

The school district's long range needs assessment process includes these items:

- *provisions for collecting, analyzing and reporting information derived from local, state and national sources;*
- *provisions for reviewing information acquired on the following*
 - *state indicators and other locally determined indicators,*
 - *locally established student learning goals,*
 - *specific data collection required by state and federal programs;*
- *provisions for collecting and analyzing assessment data on the following:*
 - *state indicators,*
 - *locally determined indicators,*
 - *locally established student learning goals*

Approved: February 18, 2013

Reviewed: November 18, 2013

Revised: _____

ANTI-BULLYING/HARASSMENT POLICY

Harassment and bullying of students and employees are against federal, state and local policy, and are not tolerated by the board. The board is committed to providing all students with a safe and civil school environment in which all members of the school community are treated with dignity and respect. To that end, the board has in place policies, procedures, and practices that are designed to reduce or eliminate bullying and harassment as well as processes and procedures to deal with incidents of bullying and harassment. Bullying and harassment of student by other students, by school employees, and by volunteers who have direct contact with students will not be tolerated in the school or school district.

The board prohibits harassment, bullying, hazing, or any other victimization; of students, based on any of the following actual or perceived traits or characteristics , including but not limited to, age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status. Harassment against employees based upon the employee's race, color, creed, sex, sexual orientation gender identity, national origin, religion, age or disability is also prohibited.

This policy is in effect while students or employees are on property within the jurisdiction of the board; while on school-owned or school-operated vehicles; while attending or engaged in school-sponsored activities; and while away from school grounds if the misconduct directly affects the good order, efficient management and welfare of the school or school district.

If, after an investigation, a student is found to be in violation of this policy, the student shall be disciplined by appropriate measures which may include suspension or expulsion. if after an investigation a school employee is found to be in violation of this policy, the employee shall be disciplined by appropriate measures which may include, termination. If after an investigation a school volunteer found to be in violation of this policy, the volunteer shall be subject to appropriate measures which may include, exclusion from school grounds. "Volunteer" means an individual who has regular, significant contact with students.

When looking at the totality of the circumstances, harassment and bullying mean any electronic, written, verbal, or physical act or conduct toward a student which is based on any actual or perceived trait or characteristic of the student and what creates an objectively hostile school environment that meets one or more of the following conditions:

- Places the student in reasonable fear of harm to the student's person or property
- Has a substantially detrimental effect on the student's physical or mental health;
- Has the effect of substantially interfering with the student's academic performance; or
- Has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.

ANTI-BULLYING/HARASSMENT POLICY

"Electronic" means any communication involving the transmission of information by wire, radio, optical cable, electromagnetic, or other similar means. "Electronic" includes but is not limited to communication via electronic mail, internet-based communications, pager service, cell phones, electronic text messaging or similar technologies.

Harassment and bullying may include, but are not limited to, the following behaviors and circumstances:

- Repeated remarks of a demeaning nature;
- Implied or explicit threats concerning one's grades, achievements, property, etc.;
- Demeaning jokes, stories, or activities directed at the student; and/or,
- Unreasonable interference with a student's performance.

Sexual harassment of a student by an employee means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Submission to the conduct is made either implicitly or explicitly a term or condition of the student's education or benefits;
- Submission to or rejection of the conduct is used as the basis for academic decisions affecting that student; or,
- The conduct has the purpose or effect of substantially interfering with the student's academic performance by creating an intimidating, hostile, or offensive education environment.

In situations between students and school officials, faculty, staff, or volunteers who have direct contact with students, bullying and harassment may also include the following behaviors:

- Requiring that a student submit to bullying or harassment by another student, either explicitly or implicitly, as a term or condition of the targeted student's education or participation in school programs or activities; and/or,
- Requiring submission to or rejection of such conduct as a basis for decisions affecting the student.

Any person who promptly, reasonably, and in good faith reports an incident of bullying or harassment under this policy to a school official, shall be immune from civil or criminal liability relating to such report and to the person's participation in any administrative, judicial, or other proceeding relating to the report. Individuals who knowingly file a false complaint may be subject to appropriate disciplinary action.

Retaliation against any person, because the person has filed a bullying or harassment complaint or assisted or participated in a harassment investigation or proceeding, is also prohibited. Individuals who knowingly file false harassment complaints and any person who gives false statements in an investigation shall be subject to discipline by appropriate measures, as shall any person who is found to have retaliated against another in violation of this policy. Any student found to have retaliated in violation of this policy shall be subject to measures up to, and including, suspension and expulsion. Any school employee found to have retaliated in violation of this policy shall be subject to measures up to, and including, termination of employment. Any school volunteer found to have retaliated in violation of this policy shall be subject to measures up to, and including, exclusion from school grounds.

ANTI-BULLYING / HARASSMENT POLICY

The school or school district will promptly and reasonably investigate allegations of bullying or harassment. The Level 1 Investigator or designee will be responsible for handling all complaints by students alleging bullying or harassment. The Level 1 Investigator or designee will be responsible for handling all complaints by employees alleging harassment.

It also is the responsibility of the superintendent, in conjunction with the investigator and principals, to develop procedures regarding this policy.

The board will annually publish this policy. The policy may be publicized by the following means:

- Inclusion in the student handbook
- Inclusion in the employee handbook
- Inclusion in the registration materials
- Inclusion on the school or school district's web site
- (other)_____

and a copy shall be made to any person at the central administrative office at 912 Woodland Ave.

Legal Reference: 20 U.S.C. §§ 1221-1234i (2010)
29 U.S.C. § 794 (2010)
42 U.S.C. §§ 2000d-2000d-7 (2010)
42 U.S.C. §§ 12101 *et. seq.* (2006)
Iowa Code §§ 216.9; 280.28; 280.3 (2011).
281 I.A.C. 12.3(6).
Morse v. Frederick, 127 S. Ct. 2618 (2007)

Cross Reference: 502 Student Rights and Responsibilities
503 Student Discipline
506 Student Records

Approved: August 20, 2007

Reviewed: December 16, 2013

Revised: February 18, 2013

ANTI-BULLYING/HARASSMENT INVESTIGATION PROCEDURES

Individuals who feel that they have been harassed should:

- Communicate to the harasser that the individual expects the behavior to stop, if the individual is comfortable doing so. If the individual wants assistance communicating with the harasser, the individual should ask a teacher, counselor or principle to help.
- If the harassment does not stop, or the individual does not feel comfortable confronting the harasser, the individual should:
 - tell a teacher, counselor or principal; and
 - write down exactly what happened, keep a copy and give another copy to the teacher, counselor or principle including;
 - what, when and where it happened;
 - who was involved;
 - exactly what was said or what the harasser did;
 - witnesses to the harassment;
 - what the student said or did, either at the time or later;
 - how the student felt; and
 - how the harasser responded.

COMPLAINT PROCEDURE

An individual who believes that the individual has been harassed or bullied will notify Cory Schumann, the designated investigator. The alternate investigator is Kelly Brown. the investigator may request that the individual complete the Harassment/ Bullying Complaint form and turn over evidence of the harassment, including, but not limited to, letters, tapes, or pictures. The complaint shall be given a copy of the completed complaint form. Information received during the investigation is kept confidential to the extent possible.

The investigator, with the approval of the principle has the authority to initiate an investigation in the absence of a written complaint.

INVESTIGATION PROCEDURE

The investigator will reasonably and promptly commence the investigation upon receipt of the complaint. The investigator will interview the complainant and the alleged harasser. The alleged harasser may file a written statement in response to the complaint. the investigator may also interview as deemed appropriate.

Upon completion of the investigation, the investigator will make a written findings and conclusions as to each allegation of harassment and report the findings and conclusions to the principal. The investigator will provide a copy of the findings of the investigation to the principal.

ANTI-BULLYING/HARASSMENT INVESTIGATION PROCEDURES

RESOLUTION OF THE COMPLAINT

Following receipt of the investigator's report, the principal may investigate further, if deemed necessary, and make a determination of any appropriate additional steps which may include discipline.

Prior to the determination of the appropriate remedial action, the principal may, at the principle's discretion, interview the complainant and the alleged harasser. The principle will file a written report closing the case and documenting any disciplinary action taken or any other action taken in response to the complaint. The complainant, the alleged harasser and the investigator will receive notice as to the conclusion of the investigation. The principle will maintain a log of information necessary to comply with Iowa Department of Education reporting procedures.

POINTS TO REMEMBER IN THE INVESTIGATION

Evidence uncovered in the investigation is confidential.

Complaints must be taken seriously and investigated.

No retaliation will be taken against individuals involved in the investigation process.

Retaliators will be disciplined up to and including suspension and expulsion.

CONFLICTS

If the investigator is a witness to the incident, the alternate investigator shall investigate.

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Position of Complainant: _____

Name of student or employee target: _____

Date of Complaint: _____

Name of alleged harasser or bully: _____

Date and place of incident or incidents: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

Age	Physical Attribute	Sex
Disability	Physical. Mental Ability	Sexual Orientation
Familial Status	Political belief	Socio-economic Background
Gender Identity	Political Party Preference	Other-Please Specify
Marital Status	Race/ Color	
National Origin/Ethnic Background/ Ancestry	Religion/ Creed	

Description of Misconduct: _____

Name of witness (if any): _____

Evidence of harassment or bullying i.e., letters, phones, etc (attach evidence if possible)

Any other information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

Name of witness: _____

Position of Witness: _____

Date of testimony, interview: _____

Description of incident witnessed:: _____

Any other information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Name of student or employee targett: _____

Grade and building of student or employee: _____

Name and position or grade of alleged perpetrator/ respondent: _____

Date of initial complaint: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

Age	Physical Attribute	Sex
Disability	Physical. Mental Ability	Sexual Orientation
Familial Status	Political belief	Socio-economic Background
Gender Identity	Political Party Preference	Other-Please Specify
Marital Status	Race/ Color	
National Origin/Ethnic Background/ Ancestry	Religion/ Creed	

Summary of Investigation: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

SBRC Application

Fall 2017

SBRC Application for Increasing Enrollment, Open Enrollment Out, and LEP Instruction Beyond 5 Years

Due 12/1/2017

Send a copy of the board minutes to Carla Schimelfenig or provide the web address to the minutes.

Date of Board Meeting: mm/dd/yyyy

Link to Board Minutes:

[Save Minutes Info](#)

[Save Values](#) [Certify](#)

You have entered text on the page. You must Save Values before you can Certify.

(Generated nightly, changes to Certified Enrollment are reflected the following day)

Increasing Enrollment

Actual Enrollment Fall 2016	302.8
Actual Enrollment Fall 2017	328.3
Increase	25.5
Current Year DCP	6664
Maximum On-Time Funding Modified Supplemental Amount for Increasing Enrollment	169932
Request \$	Request Max

(Changes to student data are reflected immediately)

Open Enrollment Out not in Fall 2016

Open Enrollment Out Students on Fall 2017 Certified Enrollment but not on the Fall 2016 Certified Enrollment	23
Open Enrollment Out Students Minus Increase (previous section)	-23.2
Last Year's State Cost Per Pupil for Open Enrollment Out	6591
Maximum Modified Supplemental Amount for Open Enrollment Out	0
Request \$	Request Max

(Changes to student data are reflected immediately)

ELL Beyond 5 Years

Students Served Beyond 5 Years	0
Weighting	0.22
Total Weighting	0
Current Year DCP	6664
Maximum Modified Supplemental Amount for LEP Instruction Beyond 5 Years	0
Request \$	Request Max

[Save Contact Information](#)

Name

Title

Phone

Email

SBRC App Contact

Carla Schimelfenig 515-242-5512