

**Riceville Community School
Riceville, IA**

The Board of Education of the Riceville Community School District held their monthly board meeting August 17, 2020, at 7:30 p.m. in High School Library. Board members present Hale, Winters, Eastman and Fox. Absent: Guertin Also, in attendance: Barb Schwamman-Superintendent, Marcia Grimm & Heather Suckow-(zoom) Jennifer Dunn—Board Secretary/Treasurer, Casandra Leff—Monitor Recorder

Fox called the meeting to order @ 7:34_PM.

Motion by Hale, seconded by Winters to approve the agenda with the removal of Fusion Forward. 4 Ayes. MC.

Motion by Hale, second by Winters to approve the minutes of previous meeting, financials, and summary of bills. Ayes 4. MC.

Written communication, a letter from Jerry O'Donnell was read on donation to RAC building.

Motion by Eastman, seconded by Winters to approve the open enrollments. 4 Ayes. MC.

Motion by Hale, seconded by Winters to approve the resignations of Mary Ptacek—TLC, Kelly Houser-Co V Girls Basketball Coach, Bret Brincks—V Boys Basketball. Roll Call Vote: Eastman,aye; Hale, aye; Winters, aye; Fox, aye. MC

Motion by Winters, seconded by Eastman to approve the contracts for Robin Kuhn- JH Volleyball Coach, Brittney Hall- Cook, and a para educator. Roll Call Vote: Hale, aye; Winter, aye; Eastman, aye; Fox, aye. MC.

Motion by Hale, seconded by Winters to approve Willie Schroeder & Spencer Kuhn as volunteer football coaches. Roll Call Vote: Hale, aye; Winter, aye; Eastman, aye; Fox, aye. MC.

Mrs. Suckow spoke about the COVID levels in depth and where the school will be starting. Mrs. Grimm spoke about the tour given with the local emergency departments.

Superintendent Schwamman spoke about the Return to Learn Plan, and the retreat with the new administration, teachers are back, Rural Schools of Iowa, lunches this summer, and working with local supervisors.

Motion by Winters, seconded by Eastman to approve the Wildcat Trail cement bids from Cresco Building Supply in the amount of \$21,750.00. 5Ayes. MC

Motion by Winters, seconded by Hale to approve the 1st reading board policies from 400-900 policies. 4 Ayes. MC.

Motion by Hale, seconded by Winters to approve the cheerleading fundraiser of a car wash on Aug 22nd from 8-12, and business class fundraiser of selling homecoming clothing. 4 Ayes. MC.

Motion by Hale, seconded by Eastman to approve the Morning side Agreement for Student Teaching and Field Experience Placements 4 Ayes. MC.

Next regular board meeting will be held Tuesday, September 15th, 2020 at 7:00 p.m. in the High School Library.

Motion by Hale, second by Winters to adjourn the meeting @ 8:37 PM. Ayes 4. MC

Karl Fox
Board President

Jennifer Dunn
Board Secretary

Analysis of Cash Balance Including investment CD

8/31/2020

	08/31/20	08/31/19	% change	Notes *
General Fund (10)	872,131.08	722,631.71	20.7%	
Management Fund (22)	481,417.29	582,794.34	-17.4%	Didn't levy management @ FY 20
PPEL & LOSST Funds (36 & 33)	1,685,315.63	1,296,997.81	29.9%	Money for Building deposited
Activity Fund (21)	67,566.60	71,079.39	-4.9%	
Hot Lunch Fund (61)	168,111.55	107,892.84	55.8%	
TOTAL	<u>3,274,542.15</u>	<u>2,781,396.09</u>	<u>17.7%</u>	Appears reasonable

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

Inter-fund Loan outstanding

	Receivable	Payable	Explanation
General Fund	0.00		
Management Fund		0.00	

10-OPERATING FUND CHECKING

OPERATING FUND (10)

DATE	IN	OUT	BALANCE
			\$763,430.36
August 31, 2019	\$246,561.77	\$287,360.42	\$722,631.71
September 30, 2019	\$336,888.76	\$333,172.36	\$726,348.11
October 31, 2019	\$1,212,377.34	\$388,991.06	\$1,549,734.39
November 30, 2019	\$283,370.05	\$344,393.90	\$1,488,710.54
December 31, 2019	\$273,550.31	\$473,104.25	\$1,289,156.60
January 31, 2020	\$392,513.29	\$405,412.75	\$1,276,257.14
February 29, 2020	\$232,386.38	\$398,293.91	\$1,110,349.61
March 31, 2020	\$240,156.56	\$337,228.64	\$1,013,277.53
April 30, 2020	\$720,016.63	\$318,873.35	\$1,414,420.81
May 31, 2020	\$464,857.44	\$532,393.82	\$1,346,884.43
June 30, 2020	\$304,948.47	\$496,794.26	\$1,155,038.64
July 30, 2020	\$258,435.36	\$338,315.70	\$1,075,158.30
August 31, 2020	\$147,362.12	\$350,389.34	\$872,131.08

ACTIVITY FUND (21)

DATE	IN	OUT	BALANCE
			\$69,064.72
August 31, 2019	\$2,089.48	\$2,724.81	\$68,429.39
September 30, 2019	\$11,484.04	\$3,007.61	\$76,905.82
October 31, 2019	\$8,230.75	\$8,545.95	\$76,590.62
November 30, 2019	\$29,380.10	\$10,069.13	\$95,901.59
December 31, 2019	\$7,374.42	\$26,198.20	\$77,077.81
January 31, 2020	\$9,605.45	\$11,233.55	\$75,449.71
Feburary 29, 2020	\$12,486.42	\$14,408.31	\$73,527.82
March 31, 2020	\$839.06	\$4,757.75	\$69,609.13
April 30, 2020	\$2,736.94	\$4,128.42	\$68,217.65
May 31, 2020	\$2,861.83	\$2,255.69	\$68,823.79
June 30, 2020	\$3,566.68	\$3,435.40	\$68,955.07
July 30, 2020	\$2,505.53	\$7,375.02	\$64,085.58
August 31, 2020	\$1,988.83	\$2,307.81	\$63,766.60

MANAGEMENT FUND (22)

DATE	IN	OUT	BALANCE
			\$581,970.17
August 31, 2019	\$912.17	\$88.00	\$582,794.34
September 30, 2019	\$865.06	\$0.00	\$583,659.40
October 31, 2019	\$1,771.99	\$9,940.00	\$575,491.39
November 30, 2019	\$693.20	\$266.00	\$575,918.59
December 31, 2019	\$697.32	\$7,843.00	\$568,772.91
January 31, 2020	\$974.55	\$0.00	\$569,747.46
Feburary 29, 2020	\$610.24	\$7,763.00	\$562,594.70
March 31, 2020	\$615.94	\$31.00	\$563,179.64
April 30, 2019	\$49.28	\$0.00	\$563,228.92
May 31, 2020	\$47.58	\$0.00	\$563,276.50
June 30, 2020	\$44.82	\$0.00	\$563,321.32
July 30, 2020	\$46.45	\$79,981.69	\$483,386.08
August 31, 2020	\$40.21	\$2,009.00	\$481,417.29

LOCAL OPTION SALES (33)

DATE	IN	OUT	BALANCE
			\$720,544.27
August 31, 2019	\$28,081.69	\$2,720.66	\$745,905.30
September 30, 2019	\$28,314.11	\$24,024.57	\$750,194.84
October 31, 2019	\$28,325.88	\$98,434.88	\$680,085.84
November 30, 2019	\$10,713.20	\$29,385.60	\$661,413.44
December 31, 2019	\$55,941.45	\$112,142.04	\$605,212.85
January 31, 2020	\$29,001.15	\$80,557.83	\$553,656.17
February 29, 2020	\$26,621.39	\$25,658.32	\$554,619.24
March 31, 2020	\$25,864.78	\$7,631.65	\$572,852.37
April 30, 2020	\$23,352.36	\$0.00	\$596,204.73
May 31, 2020	\$27,423.23	\$0.00	\$623,627.96
June 30, 2020	\$27,422.48	\$29,455.60	\$621,594.84
July 30, 2020	\$27,424.13	\$10,326.07	\$638,692.90
August 31, 2020	\$27,240.58	\$0.00	\$665,933.48

DATE	IN	OUT	BALANCE
			\$607,517.60
August 31, 2019	\$998.02	\$57,423.11	\$551,092.51
September 30, 2019	\$81,803.53	\$31,332.03	\$601,564.01
October 31, 2019	\$190,686.46	\$41,931.10	\$750,319.37
November 30, 2019	\$16,014.50	\$6,080.34	\$760,253.53
December 31, 2019	\$80,448.18	\$5,621.19	\$835,080.52
January 31, 2020	\$1,790,198.71	\$80,009.73	\$2,545,269.50
February 29, 2020	\$32,021.90	\$34,839.59	\$2,542,451.81
March 31, 2020	\$4,700.52	\$330,858.40	\$2,216,293.93
April 30, 2020	\$136,790.80	\$203,299.68	\$2,149,785.05
May 31, 2020	\$29,742.04	\$303,196.82	\$1,876,330.27
June 30, 2020	\$12,324.52	\$265,897.24	\$1,622,757.55
July 30, 2020	\$2,112.33	\$255,649.89	\$1,369,219.99
August 31, 2020	\$114.05	\$349,951.89	\$1,019,382.15

NUTRITION FUND (61)

DATE	IN	OUT	BALANCE
			\$112,504.58
August 31, 2019	\$206.61	\$4,818.35	\$107,892.84
September 30, 2019	\$15,203.17	\$19,534.77	\$103,561.24
October 31, 2019	\$44,676.51	\$27,308.53	\$120,929.22
November 30, 2019	\$24,339.81	\$24,929.34	\$120,339.69
December 31, 2019	\$24,564.73	\$19,272.54	\$125,631.88
January 31, 2020	\$21,045.09	\$16,821.61	\$129,855.36
February 29, 2020	\$49,852.29	\$39,039.76	\$140,667.89
March 31, 2020	\$19,123.03	\$18,544.99	\$141,245.93
April 30, 2020	\$16,979.90	\$17,090.20	\$141,135.63
May 31, 2020	\$25,594.07	\$13,396.78	\$153,332.92
June 30, 2020	\$20,234.74	\$29,526.12	\$144,041.54
July 31, 2020	\$39,992.46	\$24,862.96	\$159,171.04
August 31, 2020	\$39,635.39	\$30,694.88	\$168,111.55

Invoice Listing - Detail

Batch Description: Invoices--SEPT 2020 BATCH 1

Processing Month: 08/2020

Vendor ID: 104447	ACME ELECTRIC	PO Number:	Invoice Number: 2330	Amount:	730.01
Description:		Invoice Date: 08/28/2020	Due Date: 09/14/2020	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>
33 0000 2600 000 0000 739	WIRING REPAIRS		730.01	N	In Full
					Final
Vendor ID: 707291	ADAMS GRAPHIX	PO Number:	Invoice Number: 1745	Amount:	603.75
Description:		Invoice Date: 08/17/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2320 000 0000 611	YARD SIGNS		603.75	N	In Full
					Final
Vendor ID: 707291	ADAMS GRAPHIX	PO Number:	Invoice Number: 1760	Amount:	53.25
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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 4052 612	YARD SIGNS		53.25	N	In Full
					Final
Vendor ID: 707133	AHLERS & COONEY, P.C.	PO Number:	Invoice Number: 788306	Amount:	60.00
Description:		Invoice Date: 08/26/2020	Due Date: 09/13/2020	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 2310 000 0000 342	LEGAL SERVICES		60.00	N	In Full
					Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20200913	Amount:	856.93
Description:		Invoice Date: 08/25/2020	Due Date: 09/13/2020	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	SHOP BUILDING		856.93	N	In Full
					Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20200913-0001	Amount:	35.71
Description:		Invoice Date: 08/18/2020	Due Date: 09/13/2020	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	SPORTS COMPLEX		35.71	N	In Full
					Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20200913-0002	Amount:	4,780.56
Description:		Invoice Date: 08/18/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 622	HS BLDG		4,780.56	N	In Full
					Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20200913-0003	Amount:	39.81
Description:		Invoice Date: 08/18/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00

Invoice Listing - Detail

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 8270 622	BUS BARN		39.81		N	Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20200913-0004	Amount:	58.28	
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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 8270 622	BUS BARN		58.28		N	Final
Vendor ID: 100055	ALLIANT ENERGY	PO Number:	Invoice Number: 20200913-0005	Amount:	429.28	
Description:		Invoice Date: 08/19/2020	Due Date: 09/13/2020	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 622	SHOP BLDG		429.28		N	Final
Vendor ID: 103096	AMERICAN LEGION AUXILIARY	PO Number:	Invoice Number: 20200913	Amount:	176.00	
Description:		Invoice Date: 09/13/2020	Due Date: 09/13/2020	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	FLAGS		176.00		N	Final
Vendor ID: 101231	ANDERSON ERICKSON DAIRY CO	PO Number:	Invoice Number: 48099	Amount:	438.90	
Description:		Invoice Date: 08/04/2020	Due Date: 09/13/2020	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		438.90		N	Final
Vendor ID: 101231	ANDERSON ERICKSON DAIRY CO	PO Number:	Invoice Number: 50275	Amount:	438.90	
Description:		Invoice Date: 08/11/2020	Due Date: 09/13/2020	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		438.90		N	Final
Vendor ID: 101231	ANDERSON ERICKSON DAIRY CO	PO Number:	Invoice Number: 54231	Amount:	171.30	
Description:		Invoice Date: 08/21/2020	Due Date: 09/13/2020	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		171.30		N	Final
Vendor ID: 101231	ANDERSON ERICKSON DAIRY CO	PO Number:	Invoice Number: 55568	Amount:	470.06	
Description:		Invoice Date: 08/25/2020	Due Date: 09/13/2020	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		470.06		N	Final

Invoice Listing - Detail

Vendor ID: 101231 ANDERSON ERICKSON DAIRY CO

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
61 0000 3110 000 0000 631 MILK

PO Number: Invoice Number: 57067 Amount: 43.38
Invoice Date: 08/28/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
43.38 N Final

Vendor ID: 100445 ANDY'S MINI MART

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2700 000 0000 626 377.50 GAL GAS
10 0000 2700 000 0000 627 29 GAL DIESEL

PO Number: Invoice Number: 20200913 Amount: 660.68
Invoice Date: 09/01/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
611.52 N Final
49.16 N Final

Vendor ID: 101157 APPLE COMPUTER, INC.

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
36 0000 2237 100 0000 734 COMPUTER BAGS

PO Number: 20531T Invoice Number: AC43155579 Amount: 1,946.75
Invoice Date: 09/01/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
1,946.75 N Final

Vendor ID: 707299 ART OF EDUCATION, THE

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0109 1100 100 0000 612 FLEX CURRICULUM

PO Number: 20523H Invoice Number: 275716 Amount: 300.00
Invoice Date: 08/10/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
300.00 N Final

Vendor ID: 105325 B.E. PUBLISHING

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
36 0000 2239 000 0000 652 EDU TYPING LICENCES-- SEE ATTACHED

PO Number: 20555H Invoice Number: 77009 Amount: 2,383.68
Invoice Date: 08/27/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
2,383.68 N Final

Vendor ID: 707301 BATTERIES PLUS LLC

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2600 000 0000 680 BATTERIES

PO Number: Invoice Number: P30635618 Amount: 118.09
Invoice Date: 09/13/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
118.09 N Final

Vendor ID: 103351 BERENTSEN, MICHELLE

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2134 000 0000 810 REIMB CONFERENCE

PO Number: Invoice Number: 20200913 Amount: 20.00
Invoice Date: 09/02/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 20.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
20.00 20.00 N Final

Vendor ID: 707211 BLICK ART SUPPLIES

Description:

PO Number: Invoice Number: 4331252 Amount: 27.00
Invoice Date: 08/15/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Invoice Listing - Detail

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 0109 1100 102 0000 612	ART SUP[PLIE		27.00		N	Final		
Vendor ID: 707578	BRINCKS, BRET	PO Number:	Invoice Number: 20200913	Amount:	67.96			
Description:		Invoice Date: 08/26/2020	Due Date: 09/13/2020	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 0418 1100 100 0000 612	REIMB WHISTLES		67.96		N	Final		
Vendor ID: 104259	BYRNES, KEVIN	PO Number:	Invoice Number: 20200913	Amount:	92.00			
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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 271	REIMB PHYSICAL		92.00		N	Final		
Vendor ID: 706930	CAMP, BOB	PO Number:	Invoice Number: 20200913	Amount:	100.00			
Description:		Invoice Date: 09/04/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 100.00			
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
21 0000 1400 920 6720 345	OFFICIAL		100.00	100.00	N	Final		
Vendor ID: 100002	CASH	PO Number:	Invoice Number: 20200913	Amount:	500.00			
Description:		Invoice Date: 09/13/2020	Due Date: 09/13/2020	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	CASBOX		500.00		N	Final		
Vendor ID: 103885	CDW GOVERMENT INC	PO Number: 20507T	Invoice Number: ZSX5914	Amount:	250.00			
Description:		Invoice Date: 08/14/2020	Due Date: 09/14/2020	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 9099 2237 100 4642 615	GOOGLE CHOME LICENCES		250.00		N	Final		
Vendor ID: 103885	CDW GOVERMENT INC	PO Number: 20507T	Invoice Number: ZTD5817	Amount:	420.00			
Description:		Invoice Date: 08/17/2020	Due Date: 09/14/2020	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 9099 2237 100 4642 615	CHROMEBOOK SLEEVE		420.00		N	Final		
Vendor ID: 706810	CEC COMMUNICATIONS ENGINEERING COMPANY	PO Number:	Invoice Number: 342065	Amount:	3,144.68			
Description:		Invoice Date: 07/31/2020	Due Date: 09/14/2020	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

36 0000 2237 100 0000 734	ERATE WIRELESS ACCESS POINTS	3,144.68	N	Final
Vendor ID: 100764	CENTRAL LOCK & KEY	PO Number:	Invoice Number: E7377	Amount: 256.00
Description:		Invoice Date: 06/22/2020	Due Date: 09/14/2020	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	KEYS TO FILE CABINET		256.00	N Final
Vendor ID: 706993	CHANCELLOR, MARTHA	PO Number:	Invoice Number: 20200913	Amount: 280.00
Description:		Invoice Date: 08/31/2020	Due Date: 09/13/2020	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 0109 2222 100 0000 320	LIBRARIAN		280.00	N Final
Vendor ID: 101109	CHARLES CITY COMM SCHOOL	PO Number:	Invoice Number: 20200913	Amount: 40.00
Description:		Invoice Date: 09/08/2020	Due Date: 09/13/2020	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 6645 815	X COUNTRY ENTRY FEE		40.00	N Final
Vendor ID: 707528	CHASE	PO Number:	Invoice Number: 0000001382	Amount: 6,127.31
Description:		Invoice Date: 09/03/2020	Due Date: 09/13/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 4300 000 0000 451	RAC PAYMENT		6,127.31	N Final
Vendor ID: 707292	CIMMIYOTTI, ANGIE	PO Number:	Invoice Number: 20200913	Amount: 44.55
Description:		Invoice Date: 08/31/2020	Due Date: 09/13/2020	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	REIMB BUNS		44.55	N Final
Vendor ID: 707292	CIMMIYOTTI, ANGIE	PO Number:	Invoice Number: 20200913-0001	Amount: 80.00
Description:		Invoice Date: 09/13/2020	Due Date: 09/13/2020	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	REIMB LUNCH SHIRTS		80.00	N Final
Vendor ID: 100196	CITY OF RICEVILLE	PO Number:	Invoice Number: FC 2251	Amount: 1,546.20
Description:		Invoice Date: 08/25/2020	Due Date: 09/13/2020	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 411	WATER		585.60	N Final
10 0000 2600 000 0000 421	GARBAGE		375.00	N Final
10 0000 2600 000 0000 411	SEWER		585.60	N Final

Invoice Listing - Detail

Vendor ID: 100196		CITY OF RICEVILLE	PO Number:	Invoice Number: FC 2552	Amount:	23.44
Description:			Invoice Date: 08/25/2020	Due Date: 09/13/2020	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			11.72		N
10 0000 2600 000 0000 411	WATER			11.72		N
						In Full
						Final
						Final
Vendor ID: 100196		CITY OF RICEVILLE	PO Number:	Invoice Number: FC 2553	Amount:	56.42
Description:			Invoice Date: 08/25/2020	Due Date: 09/13/2020	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			28.21		N
10 0000 2600 000 0000 411	WATER			28.21		N
						In Full
						Final
						Final
Vendor ID: 100196		CITY OF RICEVILLE	PO Number:	Invoice Number: FC 2554	Amount:	28.44
Description:			Invoice Date: 08/25/2020	Due Date: 09/13/2020	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			14.22		N
10 0000 2600 000 0000 411	SEWER			14.22		N
						In Full
						Final
						Final
Vendor ID: 105068		CONWAY, AMANDA	PO Number:	Invoice Number: 20200913	Amount:	150.00
Description:			Invoice Date: 08/21/2020	Due Date: 09/13/2020	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 0109 1300 355 0000 810	REIM SERVE SAFE CLASS			150.00		N
						In Full
						Final
						Final
Vendor ID: 707504		CRESCO BUILDING SERVICE, INC.	PO Number:	Invoice Number: 20200913	Amount:	266,313.50
Description:			Invoice Date: 08/31/2020	Due Date: 09/13/2020	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>
36 0000 4600 000 0000 450	ACTIVITY BLDG PYMT			266,313.50		N
						In Full
						Final
						Final
Vendor ID: 104466		CULLIGAN WATER CONDITIONING	PO Number:	Invoice Number: 20200913	Amount:	2,140.95
Description:			Invoice Date: 07/01/2020	Due Date: 09/13/2020	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>
36 0000 4600 000 0000 450	WATER SOFTNER REPAIR			2,140.95		N
						In Full
						Final
						Final
Vendor ID: 104466		CULLIGAN WATER CONDITIONING	PO Number:	Invoice Number: 28022	Amount:	73.60
Description:			Invoice Date: 09/03/2020	Due Date: 09/13/2020	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			73.60		N
						In Full
						Final
						Final

Invoice Listing - Detail

Vendor ID: 101182 D & E CARPET SALES INC.

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

33 0000 2600 000 0000 733

ELEM OFFICE CARPET

PO Number:

Invoice Number: 5768

Amount:

2,164.47

Invoice Date: 09/02/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

2,164.47

N

Final

Vendor ID: 100140 DALCO

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2600 000 0000 680

TOILET TISSUE

10 0000 1100 100 4052 612

DOLLEY CANS

PO Number:

Invoice Number: 3658772

Amount:

424.14

Invoice Date: 08/19/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

228.00

N

Final

196.14

N

Final

Vendor ID: 100140 DALCO

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 1100 100 4052 612

HAND SANITIZER

PO Number:

Invoice Number: 3658792

Amount:

324.58

Invoice Date: 08/19/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

324.58

N

Final

Vendor ID: 100140 DALCO

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 1100 100 4052 612

HAND SANITIZER

PO Number:

Invoice Number: 3662008

Amount:

993.74

Invoice Date: 08/26/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

993.74

N

Final

Vendor ID: 100140 DALCO

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2600 000 0000 680

MOP COMBO

PO Number:

Invoice Number: 3662523

Amount:

170.29

Invoice Date: 08/26/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

170.29

N

Final

Vendor ID: 100140 DALCO

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2600 000 0000 680

WASTEBASKET AND SAMITIZER BAGS

PO Number:

Invoice Number: 3662534

Amount:

58.04

Invoice Date: 08/26/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

58.04

N

Final

Vendor ID: 100140 DALCO

Description:

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

10 0000 2600 000 0000 680

WASTEBASKETS

PO Number:

Invoice Number: 3666055

Amount:

55.79

Invoice Date: 09/02/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

55.79

N

Final

Vendor ID: 100140 DALCO

Description:

PO Number:

Invoice Number: 3669351

Amount:

140.70

Invoice Date: 09/09/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00

Invoice Listing - Detail

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	AIR FRESHNER		140.70		N	Final	
Vendor ID: 100140	DALCO	PO Number:	Invoice Number: 3669392	Amount:	207.99		
Description:		Invoice Date: 09/09/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:			
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>	
10 0000 2600 000 0000 680	FLOOR PAD & HAND WASH		207.99		N	Final	
Vendor ID: 100745	DECORAH COMMUNITY SCHOOL DIST	PO Number:	Invoice Number: 20200913	Amount:	2,861.87		
Description:		Invoice Date: 09/08/2020	Due Date: 09/13/2020	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 9070 1200 217 3303 561	SP ED BILLING		2,861.87		N	Final	
Vendor ID: 100745	DECORAH COMMUNITY SCHOOL DIST	PO Number:	Invoice Number: 20200913-0001	Amount:	5,077.54		
Description:		Invoice Date: 08/14/2020	Due Date: 09/13/2020	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 9070 1200 217 3303 561	SP ED BILLING		5,077.54		N	Final	
Vendor ID: 15587	DEPARTMENT OF ADMINISTRATIVE SVCS	PO Number:	Invoice Number: DAS2021021640	Amount:	550.00		
Description:		Invoice Date: 09/08/2020	Due Date: 09/14/2020	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 810	TSA ANNUAL ADMIN FEE		550.00		N	Final	
Vendor ID: 104805	DHS	PO Number:	Invoice Number: 10127198	Amount:	2,350.57		
Description:		Invoice Date: 05/31/2020	Due Date: 09/13/2020	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 4634 219 4634	NON FEDERAL MEDICAID		2,350.57		N	Final	
Vendor ID: 104805	DHS	PO Number:	Invoice Number: 10127587	Amount:	9,513.66		
Description:		Invoice Date: 06/30/2020	Due Date: 09/13/2020	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 4634 219 4634	NON FEDERAL MEDICAID		9,513.66		N	Final	
Vendor ID: 105673	DUNN, JENNIFER	PO Number:	Invoice Number: 20200913	Amount:	915.44		
Description:		Invoice Date: 09/13/2020	Due Date: 09/13/2020	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 0109 1100 100 0000 612	REIMB OF BOOKS		915.44		N	Final	

Invoice Listing - Detail

Vendor ID: 706884 EARTHGRAINS BAKING CO, INC

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
61 0000 3110 000 0000 631 BREAD

PO Number: Invoice Number: 52251932383 Amount: 32.80
Invoice Date: 07/31/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
32.80 N Final

Vendor ID: 706884 EARTHGRAINS BAKING CO, INC

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
61 0000 3110 000 0000 631 BREAD

PO Number: Invoice Number: 52251932486 Amount: 38.00
Invoice Date: 08/08/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
38.00 N Final

Vendor ID: 706884 EARTHGRAINS BAKING CO, INC

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
61 0000 3110 000 0000 631 BREAD

PO Number: Invoice Number: 52251932619 Amount: 169.55
Invoice Date: 08/21/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
169.55 N Final

Vendor ID: 706884 EARTHGRAINS BAKING CO, INC

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
61 0000 3110 000 0000 631 BREAD

PO Number: Invoice Number: 52251932740 Amount: 104.15
Invoice Date: 08/29/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
104.15 N Final

Vendor ID: 706884 EARTHGRAINS BAKING CO, INC

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
61 0000 3110 000 0000 631 BREAD

PO Number: Invoice Number: 52251932835 Amount: 105.60
Invoice Date: 09/05/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
105.60 N Final

Vendor ID: 103630 EBERT, CLARK

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2213 100 3116 613 REIMB CLIMATE & CULTURE SUPPLIES

PO Number: Invoice Number: 20200914 Amount: 85.27
Invoice Date: 09/10/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
85.27 N Final

Vendor ID: 707572 EDPUZZLE

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
36 0000 2239 000 0000 652 LICENCES

PO Number: 20557H Invoice Number: 7569 Amount: 1,200.00
Invoice Date: 09/04/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
1,200.00 N Final

Vendor ID: 707461 EMERGENT ARCHITECTURE

Description:
Sequence: 1 Check Type: Checking Account ID:

PO Number: Invoice Number: 290 Amount: 3,036.42
Invoice Date: 08/31/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:

Invoice Listing - Detail

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 4600 000 0000 450	ARCITECT FEE		3,036.42		N	Final
Vendor ID: 706958	EMS DETERGENT SERVICES	PO Number:	Invoice Number: 0608192012		Amount:	344.85
Description:		Invoice Date: 08/19/2020	Due Date: 09/13/2020	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	DETERGENT, CLEARNER HAND SANITIZER		344.85		N	Final
Vendor ID: 706958	EMS DETERGENT SERVICES	PO Number:	Invoice Number: 712504		Amount:	1,245.00
Description:		Invoice Date: 09/10/2020	Due Date: 09/13/2020	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 4052 612	HAND SANITIZER		1,245.00		N	Final
Vendor ID: 102903	EVANS PRINTING & PUBLISHING	PO Number:	Invoice Number: 11671		Amount:	340.68
Description:		Invoice Date: 08/31/2020	Due Date: 09/13/2020	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 613	LEGAL PUBLICAION		247.68		N	Final
10 0000 2310 000 0000 613	SUBSCRIPTION BD		39.00		N	Final
10 0000 2222 100 8953 643	LIBRARY SUBSCRIPTION		30.00		N	Final
10 0000 2310 000 0000 810	AD		24.00		N	Final
Vendor ID: 105668	EXPLORE LEARNING	PO Number: 20524E	Invoice Number: 2453291		Amount:	1,050.00
Description:		Invoice Date: 08/04/2020	Due Date: 09/14/2020	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 2237 100 0000 652	REFLEX LICENSES		1,050.00		N	Final
Vendor ID: 100203	FARMERS FEED & GRAIN CO INC	PO Number:	Invoice Number: C126078		Amount:	113.65
Description:		Invoice Date: 08/13/2020	Due Date: 09/13/2020	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	ROUNDUP		113.65		N	Final
Vendor ID: 100203	FARMERS FEED & GRAIN CO INC	PO Number:	Invoice Number: RK002249		Amount:	110.00
Description:		Invoice Date: 07/20/2020	Due Date: 09/13/2020	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	TRIM EC FOR FOOTBALL FIELD		110.00		N	Final
Vendor ID: 104496	FARMLAND HARDWARE	PO Number:	Invoice Number: 13386		Amount:	21.80
Description:		Invoice Date: 08/11/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		

Invoice Listing - Detail

<u>Chart of Account Number</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	CUST SUPPLIES		21.80	0.00	N	Final
Vendor ID: 104496	FARMLAND HARDWARE	PO Number:	Invoice Number: 13529		Amount:	409.00
Description:		Invoice Date: 08/14/2020	Due Date: 09/13/2020	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	CUST SUPPLIES		10.00		N	Final
61 0000 3110 000 0000 618	FAN & FLOOR MATS		399.00		N	Final
Vendor ID: 707576	FIEROVA, THOMAS	PO Number:	Invoice Number: 20200913		Amount:	46.47
Description:		Invoice Date: 08/17/2020	Due Date: 09/13/2020	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 0109 1100 100 0000 612	REIMB FILE HANGERS		46.47		N	Final
Vendor ID: 707270	GILLETTE GROUP	PO Number:	Invoice Number: 9257729		Amount:	248.59
Description:		Invoice Date: 09/03/2020	Due Date: 09/13/2020	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	VENDING MACHINE PRODUCTS		248.59		N	Final
Vendor ID: 104343	HARRISON TRUCK CENTERS	PO Number:	Invoice Number: R102018613:01		Amount:	1,641.56
Description:		Invoice Date: 08/27/2020	Due Date: 09/13/2020	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	BUS #2 REPAIR		1,641.56		N	Final
Vendor ID: 100833	HOODJER, GALEN	PO Number:	Invoice Number: 20200913		Amount:	100.00
Description:		Invoice Date: 09/08/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 100.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6815 345	OFFICIAL		100.00	100.00	N	Final
Vendor ID: 707575	HUDL	PO Number:	Invoice Number: INV00968741		Amount:	963.00
Description:		Invoice Date: 08/24/2020	Due Date: 09/13/2020	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 927 6720 612	HUDL SILVER		963.00		N	Final
Vendor ID: 100276	IA HIGH SCHOOL MUSIC ASSOC.	PO Number:	Invoice Number: 20200913		Amount:	25.00
Description:		Invoice Date: 08/17/2020	Due Date: 09/13/2020	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 6220 612	MEMBERSHIP		12.50		N	Final

Invoice Listing - Detail

21 0000 1400 910 6210 612	MEMBERSHIP	12.50	N	Final
Vendor ID: 105514	IHSADA	PO Number:	Invoice Number: 20200913	Amount: 160.00
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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	MEMBERSHIP		160.00	N Final
Vendor ID: 100291	IHSSA	PO Number:	Invoice Number: 20200913	Amount: 50.00
Description:		Invoice Date: 08/15/2020	Due Date: 09/13/2020	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 6120 612	MEMBERSHIP		50.00	N Final
Vendor ID: 101954	INTERSTATE MOTOR TRUCKS, INC.	PO Number:	Invoice Number: MAC-3037075	Amount: 128.71
Description:		Invoice Date: 09/02/2020	Due Date: 09/13/2020	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	BATTERY		128.71	N Final
Vendor ID: 101954	INTERSTATE MOTOR TRUCKS, INC.	PO Number:	Invoice Number: MAC-310333	Amount: 888.53
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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	BUS 6 REPAIR		888.53	N Final
Vendor ID: 102635	IOWA COMMUNICATIONS NETWORK	PO Number:	Invoice Number: 602188	Amount: 2.75
Description:		Invoice Date: 09/08/2020	Due Date: 09/13/2020	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 9099 2237 100 0000 320	ICN		2.75	N Final
Vendor ID: 707139	IOWA STAR CONFERENCE	PO Number:	Invoice Number: 20200913	Amount: 350.00
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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	CONFERENCE DUES		350.00	N Final
Vendor ID: 100251	J.W. Pepper of Minneapolis,	PO Number: 20551H	Invoice Number: 362799030	Amount: 28.93
Description:		Invoice Date: 08/13/2020	Due Date: 09/14/2020	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	PATTERNS OF SOUND VOL. 2 -DIRECTORS SCOR		16.99	N Final
21 0000 1400 910 6220 612	PATTERNS OF SOUND VOL. 2 -SINGER'S EDITI		3.95	N Final

Invoice Listing - Detail

21 0000 1400 910 6220 612	SHIPPING	7.99	N	Final
Vendor ID: 707577	JACOBSON, STEVE	PO Number:	Invoice Number: 20200913	Amount: 100.00
Description:		Invoice Date: 09/04/2020	Due Date: 09/13/2020	Status: A 1099 Amount: 100.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
21 0000 1400 920 6720 345	OFFICIAL		100.00	100.00 N Final
Vendor ID: 707035	JANESVILLE COMMUNITY SCHOOL	PO Number:	Invoice Number: 20200914	Amount: 30.00
Description:		Invoice Date: 09/12/2020	Due Date: 09/14/2020	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 6815 815	JH VOLLEYBALL ENTRY FEE		30.00	N Final
Vendor ID: 104161	JOSTENS, INC	PO Number:	Invoice Number: 1230060	Amount: 1,024.16
Description:		Invoice Date: 09/09/2020	Due Date: 09/14/2020	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 7950 612	ANNUAL PAYMENT		1,024.16	N Final
Vendor ID: 707454	KENDALL HUNT PUBLISHING	PO Number: 20553H	Invoice Number: 12385588	Amount: 3,270.10
Description:		Invoice Date: 08/20/2020	Due Date: 09/14/2020	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 0109 1100 100 0000 641	ILLUSTRATIVE MATH WORKBOOKS		3,270.10	N Final
Vendor ID: 100221	KEYSTONE AEA 1	PO Number:	Invoice Number: FY21-0082	Amount: 371.84
Description:		Invoice Date: 10/31/2020	Due Date: 09/14/2020	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 0418 1100 100 0000 358	FASTBRIDGE		220.64	N Final
10 0109 1100 100 0000 358	FASTBRIDGE		151.20	N Final
Vendor ID: 707289	KIBBLE EQUIPMENT	PO Number:	Invoice Number: 20200913	Amount: 1,006.63
Description:		Invoice Date: 08/12/2020	Due Date: 09/13/2020	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	BRUSH REPAIR		1,006.63	N Final
Vendor ID: 707478	KRAFT, KAYLA	PO Number:	Invoice Number: 20200914	Amount: 1,000.00
Description:		Invoice Date: 09/11/2020	Due Date: 09/14/2020	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 9070 1200 219 0000 323	REIMB CLASS LEVEL 2		1,000.00	N Final

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Vendor ID: 707497 LARSON, CANDICE
Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
21 0000 1400 920 6815 345 OFFICIAL

PO Number: Invoice Number: 20200913 Amount: 65.00
Invoice Date: 09/08/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 65.00
Check Number: Check Date:
Checking Account ID: Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
65.00 65.00 N Final

Vendor ID: 707497 LARSON, CANDICE
Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
21 0000 1400 920 6815 345 OFFICIAL

PO Number: Invoice Number: 20200913-0001 Amount: 100.00
Invoice Date: 09/08/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 100.00
Check Number: Check Date:
Checking Account ID: Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
100.00 100.00 N Final

Vendor ID: 706759 LINDERBAUM, LUTHER
Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
21 0000 1400 920 6720 345 OFFICIAL

PO Number: Invoice Number: 20200913 Amount: 130.00
Invoice Date: 09/04/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 130.00
Check Number: Check Date:
Checking Account ID: Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
130.00 130.00 N Final

Vendor ID: 706920 MARCO
Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
10 0418 2410 000 0000 611 STAPLES

PO Number: Invoice Number: INV7888046 Amount: 111.63
Invoice Date: 08/22/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Checking Account ID: Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
111.63 N Final

Vendor ID: 707134 MARCO INC.
Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
36 0000 2600 000 0000 442 COPIER LEASE

PO Number: Invoice Number: 69290631 Amount: 1,725.32
Invoice Date: 09/15/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Checking Account ID: Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
1,725.32 N Final

Vendor ID: 100007 MARTIN BROS DIST
Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
61 0000 3140 000 0000 631 FOIOD

PO Number: Invoice Number: 8431822 Amount: 664.08
Invoice Date: 07/01/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Checking Account ID: Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
664.08 N Final

Vendor ID: 100007 MARTIN BROS DIST
Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
61 0000 3110 000 0000 618 CLEANER

PO Number: Invoice Number: 8529939 Amount: 62.59
Invoice Date: 08/03/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Checking Account ID: Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
62.59 N Final

Vendor ID: 100007 MARTIN BROS DIST
Description:
Sequence: 1 Check Type:
Checking Account ID:

PO Number: Invoice Number: 8529939 Amount: 122.24
Invoice Date: 08/03/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:

Invoice Listing - Detail

<u>Chart of Account Number</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	DETERGENT		122.24		N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 8549362		Amount:	998.08
Description:		Invoice Date: 08/17/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3110 000 0000 631	FOOD		998.08		N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 8549363		Amount:	557.33
Description:		Invoice Date: 08/17/2020	Due Date: 09/14/2020	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	LINERS AND BOTTLES		557.33		N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 8549364		Amount:	155.03
Description:		Invoice Date: 08/17/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 8031 618	LUNCH MEAL		155.03		N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 8551628		Amount:	32.00
Description:		Invoice Date: 08/18/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3110 000 0000 631	FOOD		32.00		N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 8559921		Amount:	1,220.90
Description:		Invoice Date: 08/24/2020	Due Date: 09/13/2020	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		72.41		N	Final
61 0000 3110 000 0000 631	FOOD		1,148.49		N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 8559922		Amount:	10.32
Description:		Invoice Date: 08/24/2020	Due Date: 09/14/2020	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	SPRAY BOTTLES		10.32		N	Final
Vendor ID: 100007	MARTIN BROS DIST	PO Number:	Invoice Number: 8559922.		Amount:	23.33
Description:		Invoice Date: 08/24/2020	Due Date: 09/14/2020	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	CLEANER		23.33		N	Final

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Vendor ID: 100007		MARTIN BROS DIST	PO Number:	Invoice Number: 8559924	Amount:	429.21
Description:			Invoice Date: 08/24/2020	Due Date: 09/13/2020	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 0109 1300 325 0000 612	FOOS SUPPLIES			429.21		N
						Final
Vendor ID: 100007		MARTIN BROS DIST	PO Number:	Invoice Number: 8571131	Amount:	2,494.19
Description:			Invoice Date: 08/31/2020	Due Date: 09/13/2020	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	FS SUPPLIES			420.39		N
61 0000 3110 000 0000 631	FOOD			2,073.80		N
						Final
						Final
Vendor ID: 100007		MARTIN BROS DIST	PO Number:	Invoice Number: 8571132	Amount:	287.67
Description:			Invoice Date: 08/31/2020	Due Date: 09/14/2020	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	DISINFECTANT & CAN LINERS			287.67		N
						Final
						Final
Vendor ID: 100007		MARTIN BROS DIST	PO Number:	Invoice Number: 8581790	Amount:	1,270.81
Description:			Invoice Date: 09/07/2020	Due Date: 09/13/2020	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	TRAYS			425.82		N
61 0000 3110 000 0000 631	FOOD			844.99		N
						Final
						Final
Vendor ID: 100007		MARTIN BROS DIST	PO Number:	Invoice Number: 8592633	Amount:	2,056.74
Description:			Invoice Date: 09/14/2020	Due Date: 09/14/2020	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	FS SUPPLIES			45.04		N
61 0000 3110 000 0000 631	FOOD			2,011.70		N
						Final
						Final
Vendor ID: 101892		MCGRAW-HILL SCHOOL EDUCATION HOLDINGS, LLC	PO Number:	Invoice Number: 113574549001	Amount:	74.27
Description:			Invoice Date: 08/12/2020	Due Date: 09/13/2020	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 0109 1100 100 0000 612	SHIPPING FOR TEXTBOOKS			74.27		N
						Final
						Final
Vendor ID: 101892		MCGRAW-HILL SCHOOL EDUCATION HOLDINGS, LLC	PO Number:	Invoice Number: 113629584001	Amount:	12.64
Description:			Invoice Date: 08/18/2020	Due Date: 09/13/2020	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>
						In Full

Invoice Listing - Detail

10 0109 1100 100 0000 612	SHIPPING FOR BOOKS	12.64	N	Final
Vendor ID: 707468	MIND RESEARCH INSTITUTE	PO Number: 20526E	Invoice Number: 1241999	Amount: 1,750.00
Description:		Invoice Date: 08/16/2020	Due Date: 09/14/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
36 0000 2239 000 0000 652	ST MATH		1,750.00	N Final
Vendor ID: 707303	MK SERVICE & REPAIR	PO Number:	Invoice Number: 2753	Amount: 33.18
Description:		Invoice Date: 08/24/2020	Due Date: 09/13/2020	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 618	ADAPTER		33.18	N Final
Vendor ID: 707282	MN CLAY	PO Number: 20514H	Invoice Number: 1115605	Amount: 103.45
Description:		Invoice Date: 08/10/2020	Due Date: 09/14/2020	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 0109 1100 102 0000 612	4" KILN STILTS		15.00	N Final
10 0109 1100 102 0000 612	6" KILN STILTS		21.60	N Final
10 0109 1100 102 0000 612	SMALL SHELF RUBBING BLOCK		28.10	N Final
10 0109 1100 102 0000 612	LARGE RUBBING BLOCK		38.75	N Final
Vendor ID: 707282	MN CLAY	PO Number: 20510H	Invoice Number: 115594	Amount: 262.50
Description:		Invoice Date: 08/10/2020	Due Date: 09/14/2020	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 0109 1100 102 0000 612	WHITE STONEWARE		262.50	N Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 258512	Amount: 12.64
Description:		Invoice Date: 08/13/2020	Due Date: 09/13/2020	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	BELT		12.64	N Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 258615	Amount: 2.16
Description:		Invoice Date: 08/06/2020	Due Date: 09/13/2020	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	WHEEL BEARINGS		2.16	N Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 258728	Amount: 13.11
Description:		Invoice Date: 08/10/2020	Due Date: 09/13/2020	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

10 0000 2600 000 0000 680	WHEEL BEARING	13.11	N	Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 259169	Amount: 34.95
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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	TRANSMISSION TUBE		34.95	N Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 259203	Amount: 2.50
Description:		Invoice Date: 08/21/2020	Due Date: 09/13/2020	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 618	HAND PAD		2.50	N Final
Vendor ID: 102291	NAPA	PO Number:	Invoice Number: 259478	Amount: 9.81
Description:		Invoice Date: 08/29/2020	Due Date: 09/14/2020	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	BATTERY TERM		9.81	N Final
Vendor ID: 707117	NATIONAL ASSOCIATION OF SCHOOL NURSES	PO Number:	Invoice Number: 20200913	Amount: 139.50
Description:		Invoice Date: 09/10/2020	Due Date: 09/13/2020	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2134 000 0000 810	ISNO RENEWAL		139.50	N Final
Vendor ID: 102608	NIACC	PO Number:	Invoice Number: 3795	Amount: 420.00
Description:		Invoice Date: 08/27/2020	Due Date: 09/13/2020	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	DRIVER AUTHORIZATION		420.00	N Final
Vendor ID: 707120	NIEHOUS, JEFF	PO Number:	Invoice Number: 20200913	Amount: 100.00
Description:		Invoice Date: 09/04/2020	Due Date: 09/13/2020	Status: A 1099 Amount: 100.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
21 0000 1400 920 6720 345	OFFICIAL		100.00	100.00 N Final
Vendor ID: 707121	NIOA	PO Number:	Invoice Number: 2020-2021	Amount: 600.00
Description:		Invoice Date: 08/16/2020	Due Date: 09/13/2020	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	OFFICIAL ASSIGNMENTS		600.00	N Final
Vendor ID: 102451	OLSON, FRANK	PO Number:	Invoice Number: 20200913	Amount: 100.00

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Description:	Invoice Date:	09/01/2020	Due Date:	09/13/2020	Status:	A	1099 Amount:	100.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
21 0000 1400 920 6815 345	OFFICIAL		100.00	100.00	N	Final		
Vendor ID: 100051	OMNITEL COMMUNICATIONS	PO Number:	Invoice Number: 20200913	Amount:	1,538.28			
Description:	Invoice Date:	09/01/2020	Due Date:	09/13/2020	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		288.28		N	Final		
10 0000 2320 000 0000 538	INTERNET		1,250.00		N	Final		
Vendor ID: 100496	OSAGE COMMUNITY SCHOOL	PO Number:	Invoice Number: 20200913	Amount:	4,000.00			
Description:	Invoice Date:	09/11/2020	Due Date:	09/13/2020	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 4052 612	FACE MKASKS		4,000.00		N	Final		
Vendor ID: 100496	OSAGE COMMUNITY SCHOOL	PO Number:	Invoice Number: 20200914	Amount:	90.00			
Description:	Invoice Date:	09/15/2020	Due Date:	09/14/2020	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 6645 612	XC ENTRY FEE		90.00		N	Final		
Vendor ID: 707275	PIANO TUNING &SERVICING	PO Number:	Invoice Number: 697110	Amount:	115.00			
Description:	Invoice Date:	08/19/2020	Due Date:	09/13/2020	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 6220 612	PIANO TUNING		115.00		N	Final		
Vendor ID: 706882	POLLARD PEST CONTROL CO. & LAWN CARE	PO Number:	Invoice Number: 20200913	Amount:	80.00			
Description:	Invoice Date:	08/25/2020	Due Date:	09/13/2020	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 425	PEST CONTROL		80.00		N	Final		
Vendor ID: 707376	PREMIER FURNITURE & EQUIPMENT, LLC	PO Number:	Invoice Number: 3116	Amount:	8,748.38			
Description:	Invoice Date:	09/01/2020	Due Date:	09/13/2020	Status:	A	1099 Amount:	0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:				
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>		
33 0000 2600 000 0000 733	OFFICE FURNITURE		8,748.38		N	Final		
Vendor ID: 707376	PREMIER FURNITURE & EQUIPMENT, LLC	PO Number:	Invoice Number: 3205	Amount:	18,260.00			
Description:	Invoice Date:	09/04/2020	Due Date:	09/13/2020	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>
10 0000 1100 100 4052 612	SNEEZE GUARD ABRRRIERS		18,260.00		N	Final
Vendor ID: 707376	PREMIER FURNITURE & EQUIPMENT, LLC	PO Number:	Invoice Number: 3206		Amount:	2,635.38
Description:		Invoice Date: 09/04/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
33 0000 2600 000 0000 733	CONFERENCE TABLE & CHAIRS		2,635.38		N	Final
Vendor ID: 105522	PUMP, MARTY	PO Number:	Invoice Number: 20200913		Amount:	100.00
Description:		Invoice Date: 09/01/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 100.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 6815 345	OFFICIAL		100.00	100.00	N	Final
Vendor ID: 100025	QUILL CORPORATION	PO Number:	Invoice Number: 10132793		Amount:	269.99
Description:		Invoice Date: 09/02/2020	Due Date: 09/13/2020	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 0418 2410 000 0000 611	SHREDDER		269.99		N	Final
Vendor ID: 100025	QUILL CORPORATION	PO Number:	Invoice Number: 9775813		Amount:	8.68
Description:		Invoice Date: 08/20/2020	Due Date: 09/13/2020	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 9070 1200 219 0000 612	GLOVES		8.68		N	Final
Vendor ID: 707579	RAPIDS REPRODUCTIONS, INC.	PO Number:	Invoice Number: 178188-0		Amount:	360.00
Description:		Invoice Date: 08/25/2020	Due Date: 09/13/2020	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 4052 612	FLOOR DOTS		360.00		N	Final
Vendor ID: 707579	RAPIDS REPRODUCTIONS, INC.	PO Number:	Invoice Number: 178220-0		Amount:	225.00
Description:		Invoice Date: 08/25/1930	Due Date: 09/13/2020	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 4052 612	FLOOR DOTS		225.00		N	Final
Vendor ID: 100041	RICEVILLE LUMBER CO	PO Number:	Invoice Number: 2009-005072		Amount:	88.32
Description:		Invoice Date: 09/14/2020	Due Date: 09/14/2020	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 7967 612	PLYWOOD		88.32		N	Final

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Vendor ID: 707391		RODENBERG, JAIME	PO Number:	Invoice Number: 20200913	Amount:	100.00
Description:			Invoice Date: 09/04/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Checking Account ID:</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			100.00		N
						In Full
						Final
Vendor ID: 103020		RUNDE GRAPHICS	PO Number:	Invoice Number: 3355	Amount:	806.00
Description:			Invoice Date: 08/25/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Checking Account ID:</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 4052 612	WATERBOTTLES			806.00		N
						In Full
						Final
Vendor ID: 100229		SCHOOL BUS SALES CO	PO Number:	Invoice Number: 01P3137	Amount:	402.92
Description:			Invoice Date: 09/02/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Checking Account ID:</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	CROSS ARM			402.92		N
						In Full
						Final
Vendor ID: 100229		SCHOOL BUS SALES CO	PO Number:	Invoice Number: 01W1354	Amount:	213.00
Description:			Invoice Date: 09/08/2020	Due Date: 09/14/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Checking Account ID:</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	BUS 2 REPAIR			213.00		N
						In Full
						Final
Vendor ID: 707138		SCHOOL NURSE SUPPLY INC.	PO Number:	Invoice Number: 0802118-IN	Amount:	204.00
Description:			Invoice Date: 08/13/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Checking Account ID:</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 4052 612	FACE SHIELDS			204.00		N
						In Full
						Final
Vendor ID: 101717		SCHOOL SPECIALTY SUPPLY INC	PO Number:	Invoice Number: 20125955754	Amount:	9.34
Description:			Invoice Date: 08/25/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Checking Account ID:</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0109 1100 100 0000 612	HS SUPPLIES			9.34		N
						In Full
						Final
Vendor ID: 101717		SCHOOL SPECIALTY SUPPLY INC	PO Number:	Invoice Number: 208125567044	Amount:	416.45
Description:			Invoice Date: 08/25/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Checking Account ID:</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0418 1100 100 0000 612	ELEM SUPPLIES			416.45		N
						In Full
						Final
Vendor ID: 101717		SCHOOL SPECIALTY SUPPLY INC	PO Number:	Invoice Number: 208125806527	Amount:	14.04
Description:			Invoice Date: 08/13/2020	Due Date: 09/13/2020	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:		Check Number:	Check Date:		

Invoice Listing - Detail

<u>Chart of Account Number</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 0418 1000 460 3117 612	FOLDERS		14.04		N	Final
Vendor ID: 101717 SCHOOL SPECIALTY SUPPLY INC						
Description:		PO Number:	Invoice Number: 208125850786		Amount:	322.92
Sequence: 1	Check Type:	Invoice Date: 08/18/2020	Due Date: 09/13/2020	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 0418 1000 460 3117 612	PK SUPPLIOES		322.92		N	Final
Vendor ID: 101717 SCHOOL SPECIALTY SUPPLY INC						
Description:		PO Number:	Invoice Number: 208126030833		Amount:	438.80
Sequence: 1	Check Type:	Invoice Date: 09/01/2020	Due Date: 09/13/2020	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 0418 1100 100 0000 612	LAMANATION		438.80		N	Final
Vendor ID: 707176 SMITH, NICOLE						
Description:		PO Number:	Invoice Number: 20200913		Amount:	32.36
Sequence: 1	Check Type:	Invoice Date: 09/09/2020	Due Date: 09/13/2020	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 0109 1100 100 0000 810	PBIS SUPPLIES		32.36		N	Final
Vendor ID: 707176 SMITH, NICOLE						
Description:		PO Number:	Invoice Number: 20200914		Amount:	100.89
Sequence: 1	Check Type:	Invoice Date: 09/09/2020	Due Date: 09/14/2020	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 2213 100 3116 613	REIMB CLIMATE & CULTURE SUPPLIES		100.89		N	Final
Vendor ID: 707407 TABBERT, BRYAN						
Description:		PO Number:	Invoice Number: 20200913		Amount:	93.60
Sequence: 1	Check Type:	Invoice Date: 09/01/2020	Due Date: 09/13/2020	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 0109 1100 100 0000 810	MILAGE REIMB		93.60		N	Final
Vendor ID: 100245 TEACHER'S DISCOVERY						
Description:		PO Number:	Invoice Number: 158098		Amount:	99.99
Sequence: 1	Check Type:	Invoice Date: 07/27/2020	Due Date: 09/13/2020	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 0109 1100 106 0000 615	FLANGOO SUBSCRIPTION		99.99		N	Final
Vendor ID: 707229 TEACHING STRATEGIES						
Description:		PO Number:	Invoice Number: Q-85451		Amount:	313.50
Sequence: 1	Check Type:	Invoice Date: 08/19/2020	Due Date: 09/14/2020	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 0418 1000 460 3117 612	TEACHING STRATIEIES GOLD--SEE ATTACHED O		313.50		N	Final

Invoice Listing - Detail

Vendor ID: 706777 **TIMBERLINE BILLING SERVICE LLC**

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2510 217 3303 351 MEDICAID BILLING

PO Number: **Invoice Number: 20027** **Amount: 26.95**
Invoice Date: 08/31/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
26.95 N Final

Vendor ID: 707471 **TIME MANAGEMENT SYSTEMS**

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
36 0000 2239 000 0000 652 TIMECLOCK

PO Number: **Invoice Number: 241365** **Amount: 403.60**
Invoice Date: 09/01/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
403.60 N

Vendor ID: 100004 **TRUE VALUE**

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2600 000 0000 680 KEY DUPLICATE & HARDWARE

PO Number: **Invoice Number: A168107** **Amount: 13.40**
Invoice Date: 08/03/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
13.40 N Final

Vendor ID: 100004 **TRUE VALUE**

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2600 000 0000 680 THIMBLE, CLAMP, CLIP

PO Number: **Invoice Number: A168147** **Amount: 13.70**
Invoice Date: 08/04/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
13.70 N Final

Vendor ID: 100004 **TRUE VALUE**

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2600 000 0000 680 PIPE INSULATION

PO Number: **Invoice Number: A168417** **Amount: 31.56**
Invoice Date: 08/10/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
31.56 N Final

Vendor ID: 100004 **TRUE VALUE**

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2600 000 0000 680 CHILD PROOFING KIT

PO Number: **Invoice Number: A168476** **Amount: 10.49**
Invoice Date: 08/11/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
10.49 N Final

Vendor ID: 100004 **TRUE VALUE**

Description:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
10 0000 2600 000 0000 680 V BELT

PO Number: **Invoice Number: A168572** **Amount: 13.98**
Invoice Date: 08/13/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
13.98 N Final

Vendor ID: 100004 **TRUE VALUE**

Description:
Sequence: 1 Check Type: Checking Account ID:

PO Number: **Invoice Number: A168578** **Amount: 1.09**
Invoice Date: 08/13/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:

Invoice Listing - Detail

<u>Chart of Account Number</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	SERV CORD		1.09		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A168624		Amount:	26.25
Description:		Invoice Date: 08/14/2020	Due Date: 09/13/2020	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	GOGGLES, TOOL HANGER		26.25		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A168839		Amount:	81.43
Description:		Invoice Date: 08/19/2020	Due Date: 09/13/2020	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	OULLEY		81.43		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A169041		Amount:	7.96
Description:		Invoice Date: 08/24/2020	Due Date: 09/13/2020	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	KEY DUPLICATE		7.96		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: B164957		Amount:	26.94
Description:		Invoice Date: 08/04/2020	Due Date: 09/13/2020	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	PULLEY & HARDWARE		26.94		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: B165043		Amount:	506.71
Description:		Invoice Date: 08/06/2020	Due Date: 09/13/2020	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	CLAMP & CABLE		506.71		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: B165245		Amount:	8.99
Description:		Invoice Date: 08/11/2020	Due Date: 09/13/2020	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	FLASH CEMENT		8.99		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: B165281		Amount:	22.45
Description:		Invoice Date: 08/12/2020	Due Date: 09/13/2020	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	TIE, INSULATION, REPLACE STRIP		22.45		N	Final

Invoice Listing - Detail

Vendor ID: 100004 Description: Sequence: 1 Check Type: <u>Chart of Account Number</u> 10 0000 2600 000 0000 680	TRUE VALUE <u>Detail Description</u> REFUND	Checking Account ID:	PO Number: Invoice Date: 08/17/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> (4.30) N In Full Final	Invoice Number: B165509 Status: A 1099 Amount: 0.00 Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> (4.30) N In Full Final	Amount: (4.30)
Vendor ID: 100004 Description: Sequence: 1 Check Type: <u>Chart of Account Number</u> 10 0000 2600 000 0000 680	TRUE VALUE <u>Detail Description</u> DRILL BIT	Checking Account ID:	PO Number: Invoice Date: 08/18/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 15.68 N In Full Final	Invoice Number: B165561 Status: A 1099 Amount: 0.00 Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 15.68 N In Full Final	Amount: 15.68
Vendor ID: 100004 Description: Sequence: 1 Check Type: <u>Chart of Account Number</u> 10 0000 2600 000 0000 680	TRUE VALUE <u>Detail Description</u> ANCHOR	Checking Account ID:	PO Number: Invoice Date: 08/19/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 17.49 N In Full Final	Invoice Number: B165613 Status: A 1099 Amount: 0.00 Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 17.49 N In Full Final	Amount: 17.49
Vendor ID: 100004 Description: Sequence: 1 Check Type: <u>Chart of Account Number</u> 10 0000 2600 000 0000 680	TRUE VALUE <u>Detail Description</u> MULCH	Checking Account ID:	PO Number: Invoice Date: 08/20/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 112.25 N In Full Final	Invoice Number: B165669 Status: A 1099 Amount: 0.00 Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 112.25 N In Full Final	Amount: 112.25
Vendor ID: 100004 Description: Sequence: 1 Check Type: <u>Chart of Account Number</u> 10 0000 2600 000 0000 680	TRUE VALUE <u>Detail Description</u> MULCH	Checking Account ID:	PO Number: Invoice Date: 08/20/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 98.78 N In Full Final	Invoice Number: B165674 Status: A 1099 Amount: 0.00 Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 98.78 N In Full Final	Amount: 98.78
Vendor ID: 100004 Description: Sequence: 1 Check Type: <u>Chart of Account Number</u> 10 0418 1000 460 3117 612	TRUE VALUE <u>Detail Description</u> CABLE TIE	Checking Account ID:	PO Number: Invoice Date: 08/20/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 3.49 N In Full Final	Invoice Number: B165677 Status: A 1099 Amount: 0.00 Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 3.49 N In Full Final	Amount: 3.49
Vendor ID: 100004 Description: Sequence: 1 Check Type: <u>Chart of Account Number</u> 10 0109 2410 000 0000 611	TRUE VALUE <u>Detail Description</u> TOTES	Checking Account ID:	PO Number: Invoice Date: 08/21/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 32.94 N In Full Final	Invoice Number: B165785 Status: A 1099 Amount: 0.00 Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount Asset/Asset Tag</u> 32.94 N In Full Final	Amount: 32.94
Vendor ID: 100004 Description: Sequence: 1 Check Type:	TRUE VALUE	Checking Account ID:	PO Number: Invoice Date: 08/27/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00 Check Number:	Invoice Number: B165976 Status: A 1099 Amount: 0.00 Check Date:	Amount: 2.49

Chart of Account Number Detail Description
10 0000 2600 000 0000 680 COMPOSITE SHIM

Vendor ID: 100004 TRUE VALUE

Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
10 0000 2600 000 0000 680 KEY DUPLICATE

Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
2.49 N Final

PO Number: Invoice Number: B165991 Amount: 27.51
Invoice Date: 08/27/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
27.51 N Final

Vendor ID: 707574 VANDENAVOND, JAC

Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
61 0000 1622 000 0000 REFUND LUNCH MONEY

PO Number: Invoice Number: 20200913 Amount: 74.95
Invoice Date: 09/13/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
74.95 N Final

Vendor ID: 104838 WARNKE, TAMYRA

Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
10 0000 1100 100 4052 612 REIMB AMPLIFIERS

PO Number: Invoice Number: 20200913 Amount: 134.91
Invoice Date: 08/19/2020 Due Date: 09/13/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
134.91 N Final

Vendor ID: 102049 WAVERLY-SHELL ROCK COMM SCHOOL

Description:
Sequence: 1 Check Type:
Chart of Account Number Detail Description
21 0000 1400 920 6645 612 XC ENTRY FEE

PO Number: Invoice Number: 20200914 Amount: 50.00
Invoice Date: 09/14/2020 Due Date: 09/14/2020 Status: A 1099 Amount: 0.00
Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
50.00 N Final

Batch 1099 Total: 915.00 Batch Total: 400,264.94

Report 1099 Total: 915.00 Report Total: 400,264.94

019-2020 Screen 11 - Certification

[Help](#)

Special Education Supplement LEA CERTIFIED

9/9/2020 1:12:19 PM

CAR not CERTIFIED

Transportation not CERTIFIED

All the records described below are now BROWSE ONLY
Please contact person listed at the bottom of the display
if you need to make further adjustments to this information.
Thank you.

A district may request allowable growth and supplement aid for a negative special education balance for the current school year. The supplemental aid payment will be calculated by the Department of Management after all special education balances have been finalized. If a district has a positive special education balance, they do not have the ability to request allowable growth and supplemental aid. The date listed below indicates when the district's board approved seeking allowable growth and supplemental aid for a negative special education balance.

Our Board approved this action on 9/15/2020

Upload your minutes (PDF or Word):

[Upload Minutes](#)

Previous Year Carryover (Screen 4)

\$0.00

Total Special Education Revenue

\$713,871.06

Total Special Education Expenditures

\$728,348.22

Special Education Balance in Current Year

(\$14,477.16)

Weighted Receipts (Screen 4)

\$293,982.00

Carryover Allowed in Current Year (10% of Weighted Receipts)

\$29,398.20

Amount to be Redistributed to Districts with a Negative Balance

\$0.00

Amount of Allowable Growth Request

\$14,477.16

DISTRICT LEVEL FORMS

STATUS

DATE

<u>Screen 1 - Resident Students Tuitioned Out</u>	COMPLETE 9/9/2020 1:07:51 PM
<u>Screen 2 - Resident Students</u>	COMPLETE 9/9/2020 1:08:00 PM
<u>Screen 3 - Non-Resident Students Tuitioned In</u>	COMPLETE 9/9/2020 1:08:05 PM
<u>Screen 4 - Receipts</u>	COMPLETE 9/9/2020 1:08:14 PM
<u>Screen 5 - Part B Funds</u>	COMPLETE 9/9/2020 1:08:27 PM
<u>Screen 6 - Medicaid Reimbursement</u>	COMPLETE 9/9/2020 1:08:35 PM
<u>Screen 7 - Transportation Costs</u>	COMPLETE 9/9/2020 1:08:44 PM
<u>Screen 8 - Special Education Balance</u>	COMPLETE 9/9/2020 1:09:29 PM
<u>Screen 9 - Maintenance of Effort</u>	COMPLETE 9/9/2020 1:09:44 PM
<u>Screen 10 - Excess Costs</u>	COMPLETE 9/9/2020 1:09:54 PM
<u>Screen 11 - Certification</u>	COMPLETE 9/9/2020 1:12:19 PM

Please contact Bill Roederer [IDOE] by email or phone 515-281-7972 with questions regarding this form.

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EMPLOYEE LEAVES OF ABSENCE

The board will offer the following leave to full-time regular licensed employees:

- Personal Illness (Sick) Leave – Leave for medically-related disability or illness
- Family Sick Leave – Leave to care for a sick member of the employee's immediate family]
- Bereavement Leave – Leave to mourn the loss of a family member or close friend]
- Adoption Leave – Leave for an employee who legally adopts a child]
- Personal Leave – Leave to accomplish personal business that cannot be conducted outside the work day]
- Jury Duty Leave – Leave to be excused for jury duty
- Military Leave – Leave for military service, including the national guard
- Political Leave – Leave to run for elective public office
- Professional Leave – Leave to attend meetings and conferences

The board will offer the following paid leave to full-time regular classified employees:

- Personal Illness (Sick) Leave – Leave for medically-related disability or illness
- Family Sick Leave – Leave to care for a sick member of the employee's immediate family]
- Bereavement Leave – Leave to mourn the loss of a family member or close friend]
- Adoption Leave – Leave for an employee who legally adopts a child]
- Personal Leave – Leave to accomplish personal business that cannot be conducted outside the work day]
- Jury Duty Leave – Leave to be excused for jury duty
- Military Leave – Leave for military service, including the national guard
- Political Leave – Leave to run for elective public office
- Professional Leave – Leave to attend meetings and conferences

The provisions of each leave offering will be detailed in Employee Handbook.

Leave offered by the district will not be less than what is required by law. In the event of an emergency or unforeseen circumstance, the superintendent may authorize additional paid leave.

Legal Reference: 29 U.S.C. §§ 2601 et seq.
Pub.L. 116-127
29 C.F.R. §§ 825; 826.
Iowa Code §§ 20; 29A; 55; 85; 216; 279.40; 607A.
Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).
Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).

Cross Reference: 403.2 Employee Injury on the Job
409.3 Licensed Employee Family and Medical Leave
409.8 Licensed Employee Unpaid Leave

NEW

**EMERGENCY PAID SICK LEAVE REQUEST FORM UNDER THE FAMILIES FIRST
CORONAVIRUS RESPONSE ACT (FFCRA)**

Name: _____

Anticipated Begin Date: _____

Expected Return to Work Date: _____

Employee Request for Leave at Full Pay

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the employee's full regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- ☐ I am quarantined pursuant to Federal, State, or local government order.
☐ I am quarantined on the advice of a health care provider due to COVID-19 concerns.
☐ I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected. If you are experiencing symptoms and seeking a medical diagnosis, please identify your symptoms and the date of your medical appointment.

Employee Request for Leave at 2/3 Pay

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the 2/3 of the employee's regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- ☐ I need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider due to COVID-19. I represent that no other person will be providing care for the individual during the period for which the I am receiving Emergency Paid Sick Leave.

Please attach the applicable government order or documentation from medical provider.

___ I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

Please attach the applicable government order or documentation from medical provider.

___ I am unable to work or telework because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.

If you are requesting 2/3 paid leave in conjunction with Expanded Family Medical Leave to care for a child under the age of 18 affected by school or care closure due to COVID-19, please complete the "Expanded Family and Medical Leave Request Form" to submit with this form.

I acknowledge that the above information is true to the best of my knowledge.

Signed _____

Date _____

Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.

NEW

**EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FOR UNDER THE FAMILIES
FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**

Name: _____

Anticipated Begin Date: _____

Expected Return to Work Date: _____

Employees may be entitled to expanded family medical leave in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards.

Reason for Leave

Employees satisfying the standards below are eligible for 12 weeks* of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee's regular compensation rate unless other options are selected on this form. Please select the applicable reason and follow the related instructions.

I, _____, request family and medical leave because I am unable to work or telework because I need to care for my child(ren) under 18 because my child(ren)'s elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving expanded family medical leave benefits.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.

** An employee who qualifies for and utilizes the Emergency Paid Sick Leave provisions of the FFCRA, is entitled to an additional 10 weeks of Emergency FMLA.*

Substitution of Paid Leave for the First Ten Days of Expanded Family Medical Leave

In accordance with the FFCRA, the first ten days of expanded family medical leave is unpaid, however you may be eligible to use Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 of full pay. In the event you have already used Emergency Paid Sick Leave, you are permitted to use available District-provided paid leave to cover this period at full pay. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use. Requested leave is subject to availability based on confirmation by the School District. If requesting Emergency Paid Sick Leave, please complete and submit an "Emergency Paid Sick Leave Request Form."

Emergency Sick Leave Sick Leave Personal Leave

Supplement 2/3 Pay with Accrued District Leave

Employees may choose to supplement the 2/3 pay provided through expanded family medical leave with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your expanded family medical leave to supplement your 2/3 expanded family medical leave compensation. Requested leave is subject to availability based on confirmation by the District.

☐ Emergency Sick Leave ☐ Sick Leave ☐ Personal Leave

After completing the first ten days of expanded family medical leave, an employee may choose to take 10 weeks of continuous leave under expanded family medical leave for the reason indicated above. Continuous leave means the employee will not complete any District duties during this period but will be compensated based on the options selected above.

An employee may also choose to take 10 weeks of intermittent leave only with the District's permission. Intermittent leave means an employee will complete some District duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods on expanded family medical leave unless supplemented in a manner noted above.

I am requesting (choose one):

☐ continuous leave
☐ intermittent leave

If your need for leave is intermittent, please describe the requested schedule for your intermittent leave:

I acknowledge that the above information is true to the best of my knowledge.

Signed _____

Date _____

Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.

EMPLOYEE (~~LICENSED & CLASSIED~~) FAMILY & MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as July 1 – June 30. Requests for family and medical leave will be made to the superintendent.

Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It is the responsibility of the superintendent to develop administrative rules to implement this policy.

NOTE: This policy is consistent with federal law regarding family and medical leave. The link below provides applicable forms on the U.S. Department of Labor website.

Link: <https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>

[WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition \(PDF\)](#)

- [WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition \(PDF\)](#)
- [WH-381 Notice of Eligibility and Rights & Responsibilities \(PDF\)](#)
- [WH-382 Designation Notice \(PDF\)](#)
- [WH-384 Certification of Qualifying Exigency For Military Family Leave \(PDF\)](#)
- [WH-385 Certification for Serious Injury or Illness of Covered Servicemember -- for Military Family Leave \(PDF\)](#)

Legal Reference: 29 U.S.C. §§ 2601 *et seq.*
29 C.F.R. § 825
Iowa Code §§ 20; 85; 216; 279.40.
Whitney v. Rural Ind. School. District, 232 Iowa 61, 4 N.W.2d 394 (1942).

Cross Reference: 409.2 — Licensed Employee Personal Illness Leave
~~409.8 — Licensed Employee Unpaid Leave~~

EMPLOYEE (~~LICENSED & CLASSIFIED~~) FAMILY & MEDICAL LEAVE NOTICE TO EMPLOYEES

This document is available at: <https://www.dol.gov/whd/regs/compliance/posters/fmla.htm>

NOTE: FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post a notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

~~LICENSED~~ EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Date: _____

I, _____, request family and medical leave for the following reason:

(check all that apply)

- _____ for the birth of my child;
- _____ for the placement of a child for adoption or foster care;
- _____ to care for my child who has a serious health condition;
- _____ to care for my parent who has a serious health condition;
- _____ to care for my spouse who has a serious health condition; or
- _____ because I am seriously ill and unable to perform the essential functions of my position.
- _____ because of a qualifying exigency arising out of the fact that my _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- _____ because I am the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on _____ and I request leave as follows: (check one)

_____ **Continuous**

I anticipate that I will be able to return to work on _____

_____ **Intermittent** leave for the:

- _____ birth of my child or adoption or foster care placement subject to agreement by the district;
- _____ serious health condition of myself, spouse, parent, or child when medically necessary;
- _____ because of a qualifying exigency arising out of the fact that my

___ spouse; ___ son or daughter; ___ parent is on active duty or call to active status in support of a contingency operation as a member of the National Guard or Reserves

___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

Details of the needed intermittent leave:

I anticipate returning to work at my regular schedule on _____.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize interruptions to school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions will be deducted from moneys owed me during the leave period. If no monies are owed me, I will reimburse the school district by personal check or cash for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed: _____ Date: _____

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.

EMPLOYEE (~~LICENSED & CLASSIFIED~~) FAMILY & MEDICAL LEAVE REGULATION

A. School district notice.

1. The school district will post the website where employees can find all the information regarding family and medical leave.
2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually. The information will be in the employee handbook.
3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:
 - a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
 - b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
 - c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
 - d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees.

Employees are eligible for family and medical leave if three criteria are met.

- ~~1. The school district has more than 50 employees on the payroll at the time leave is requested;~~
1. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and
2. The employee has worked at least 1,250 hours within the previous year. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

C. Employee requesting leave -- two types of leave.

1. Foreseeable family and medical leave.
 - a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
 - b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was

received. For those taking leave due to military family and medical leave, notice should be given as soon as possible.

- c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.
2. Unforeseeable family and medical leave.
 - a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
 - b. Employee must give notice as soon as possible but no later than one to two work days after learning that leave will be necessary.
 - c. A spouse or family member may give the notice if the employee is unable to personally give notice.
- D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.
1. Six purposes.
 - a. The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
 - b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
 - c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
 - d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
 - e. because of a qualifying exigency arising out of the fact that an employee's ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
 - f. because the employee is the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
 2. Medical certification.
 - a. When required:
 - (1) Employees shall be required to present medical certification of the employee's serious health condition and inability to perform the essential functions of the job.
 - (2) Employees shall be required to present medical certification of the family member's serious health condition and that it is medically necessary for the employee to take leave to care for the family member.
 - (3) Employees shall be required to present certification of the call to active duty when taking military family and medical leave.
 - b. Employee's medical certification responsibilities:

- (1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
 - (2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
 - (3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.
- c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.
 - d. Employees taking military caregiver family and medical leave to care for a family service member cannot be required to obtain a second opinion or to provide recertification.

Family and medical leave requested for the serious health condition of the employee or to care for a family member with a serious health condition which is not supported by medical certification will be denied until such certification is provided.

E. Entitlement.

1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.
2. Year is defined as: July 1 – June 30
3. If insufficient leave is available, the school district may:
 - a. Deny the leave if entitlement is exhausted
 - b. Award leave available

F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.
2. Intermittent - employee requests family and medical leave for separate periods of time.
 - a. Intermittent leave is available for:
____ Birth, of my child or adoption or foster care placement subject to agreement by the district.

- ___ Serious health condition of myself, spouse, parent, or child when medically necessary;
 - ___ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
 - ___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
 - b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
 - c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*
3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.
- a. Reduced work schedule family and medical leave is available for:
 - ___ Birth, of my child or adoption or foster care placement subject to agreement by the district.
 - ___ Serious health condition of myself, spouse, parent, or child when medically necessary.
 - ___ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
 - ___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
 - b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
 - c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*

G. Special Rules for Instructional Employees.

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.
2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:
 - a. Take leave for the entire period or periods of the planned medical treatment; or
 - b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified.

3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester does not include scheduled school breaks, such as summer, winter or spring break.
 - a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.
 - b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.
 - c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.
 4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.
- H. Employee responsibilities while on family and medical leave.
1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.
 2. The employee contribution payments will be deducted from any money owed to the employee or the employee will reimburse the school district at a time set by the superintendent.
 3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.
 4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.

5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.
 6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.
- I. Family and Medical Leave is unpaid.

CLASSIFIED EMPLOYEE PROFESSIONAL PURPOSES LEAVE

Professional purposes leave may be granted to classified employees for the purpose of attending meetings and conferences directly related to their assignments. Application for the leave must be presented to the superintendent ten days prior to the meeting or conference.

It is within the discretion of the superintendent to grant professional purposes leave. The leave may be denied on the day before or after a vacation or holiday, on special days when services are needed, when it would cause undue interruption of the education program and school district operations, or for other reasons deemed relevant by the superintendent.

Legal Reference: Iowa Code §§ 279.8 (2013).
281 I.A.C. 12.7.

Cross Reference: 411 Classified Employees – General
408.1 Classified Employee Professional Development

STUDENTS

Policy Title: Student Attendance

I. Philosophy

Daily punctual attendance is an integral part of the learning experience and is required of all students to receive the maximum benefit of the educational program. The habit of good attendance established early on helps a person be successful throughout their lifetime. More and more, employers, colleges and vocational schools expect good attendance and are checking attendance records for absences and tardies. They are aware that good and prompt attendance indicates dependability in a student.

The education that goes on in the classroom builds from day to day and as a result, absences always cause some disruption in the educational progress of the absent student. Students who are absent may not understand what the teacher is currently presenting, and may also become discouraged with the double burden of keeping current and making up missed work. In order to maintain interest and understanding in a program of instruction, students should not expect to be absent any more than is absolutely necessary. Irregular attendance or tardiness by students not only impacts their own studies, but also interferes with the progress of those students who are regular and prompt in attendance. Attendance is a shared responsibility that requires cooperation and communication among students, parents and school.

II. General Attendance K-12

The district believes that traditional, in-person school attendance leads to the greatest learning opportunities for students. However, there may be rare and unusual circumstances created by public emergencies declared by state or local officials which temporarily prevent students from attending traditional, in-person school. In these circumstances, the superintendent will have discretion to make reasonable accommodations for students, on a case-by-case basis, to attend school through remote learning opportunities within the available resources of the district and as permitted by law. During approved remote learning, attendance will be taken, assessments may be administered, and grades will count towards students' cumulative grade point average as if they were attending in person. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans will be determined by each respective IEP or Section 504 team.

1. Parents/Guardians are expected to notify the school prior to 8:20 a.m. regarding a student's absence on the day of the absence. All absences must be reported within one school day of the absence to be considered excused.

A parent or guardian must submit a written explanation or specific reason for their student's absence, noting the specific days of times they were absent, verification by a doctor or dentist where appropriate, and a signature of a parent or guardian.

2. Acceptable reason for student's absence from school may include:
 - a. Religious observances

- b. Extended illness, hospitalization or doctor's care
- c. Death in the family or family emergency
- d. Court appearance/other legal situation beyond control of the family
- e. Doctor/ dental appointments
- f. School sponsored activities or trips
- g. 11th/12th graders are allowed two pre-approved college visit days each year. Students must present a note from their parents and college letterhead signed by a college representative for verification of each visit. These absences will not be considered an absence from school.

NOTE – The student will be required to make up work missed, preferable ahead of time.

- 3. No student shall be excused, taken from school, or sent on an errand by a teacher during school hours unless excused by the principal, superintendent or other designee.
- 4. School work missed because of absences (excused or unexcused) must be made up within two times the number of days absent, not to exceed one week. The time allowed for make-up work may be extended at the discretion of the classroom teacher. It is the responsibility of the student/parent to initiate acquisition of the missed school work.
- 5. Suspensions from class (*either in-school suspensions or out-of-school suspensions*) will be treated as school-initiated absences and will not count toward the days absent. However, the student will be required to make up work missed.
- 6. Any student who writes an excuse for someone else and signs a false name or who presents an excuse bearing a false signature will be given either an in school or out of school, three day suspension and the parents must meet with the principal for reinstatement of the student.
- 7. Any student who is absent from school on the day of an extra-curricular activity for any part or all of the class day shall be ineligible to participate in the event scheduled for that day unless it is pre-authorized by the principal.

III. Tardies

- 1. A student is tardy when the student initially appears in the assigned area anytime after the designated starting time.
- 2. Bus tardy: Bus students who are late because the bus was late, will need to report to the school office to get a bus pass for admittance into class and/or the office personnel will inform the teachers of the tardy.
- 3. Middle School 5th- 8th grade
Level 1 - Parents notified on the third tardy

- Level 2 - Parents notified on the fourth tardy: one hour of time made up before or after school
- Level 3 - Parents notified on the fifth tardy: one hour of time made up before or after school and student required to write a Corrective Plan of Action.
- Level 4 - Parents notified on the sixth tardy: one hour of time made up before or after school and parents will be required to come to school with a conference with the principal.
- Level 5 - Parents notified on the seventh tardy: 3 day in-school suspension and parent required to meet with the superintendent.
- Level 6 - Parents notified on the eight tardy: 3 day out-of-school suspension and parent required to meet with the superintendent.

4. High School 9th – 12th grade

- Level 1 - Late to 1st period, this will be made up with the classroom teacher.
- Level 2 - Fifth tardy of the quarter: 30 minutes of detention
- Level 3 - Ninth tardy of the quarter: 60 minutes of detention
- Level 4 - Thirteenth tardy of the quarter: Saturday School

IV. Truancy – Unexcused Absences

- 1. A student is truant when the student is absent from school or an assigned class or classes without school permission or without a reasonable excuse.
- 2. Work missed because of truancy must be made up, the same as work for absences.
- 3. Incidents of truancy will be recorded as part of a student's attendance record and will count toward the absences per semester. The principal will also determine what, if any, disciplinary action is appropriate including, but not limited to, warning, detention, in-school suspension or administrative referral.

V. Absenteeism – Total Absences

Consequences may include the following (These should be understood to be "guiding principles" and not "inflexible requirement"):

1. Elementary- K-4th grade

- Level 1 - Parent Notification: Letter to parent/ guardian after 5 absences
- Level 2 - Parent Notification: Letter to parent/ guardian after 10 absences
- Level 3 - Parent Notification: Letter to parent/ guardian - Meeting with parent/guardian and principal scheduled applied after 15 absences
- Level 4 - Referral to County Attorney for Mediation

2. Middle School 5th- 8th grade

- Level 1 - Parent Notification: Letter to parent/ guardian after 5 absences
- Level 2 - Parent Notification: Letter to parent/ guardian after 10 absences

Level 3 - Parent Notification: Letter to parent/ guardian - Meeting with parent/guardian and principal scheduled applied after 15 absences

Level 4 - Referral to County Attorney for Mediation

3. High School 9th – 12th grade

Level 1 - Parent Notification: Letter to parent or guardian after 5 absences per class, per semester

Level 2 - Attendance Plan with student/ Saturday School after 10 absences per class, per semester; loss of "Open Campus" during testing times

Level 3 - Meeting with student, parent and principal (probation assigned) after 15 absences per class, per semester

Level 4 - Referral to County Attorney for Mediation

VI. Absenteeism – Unexcused Absences

Consequences may include the following (These should be understood to be "guiding principles" and not "inflexible requirement.");

1. Elementary- K-4th grade

Level 1 - Parent Notification after 1 absence; student will make up time and missed work

Level 2 - Parent Notification after 2 absences; student will complete missed work and serve a suspension (determined by principal)

Level 3 - Parent Notification after 3 absences; student will complete missed work and serve a suspension (determined by principal); Referral to County Attorney for Mediation

2. Middle School 5th- 8th grade

Level 1 - Parent Notification after 1st absence; student will make up time and missed work

Level 2 - Parent Notification after 2nd absences; student will complete missed work; serve in-school suspension (as determined by principal)

Level 3 - Parent Notification after 3rd absences; student will complete missed work and serve a suspension (determined by principal); Referral to County Attorney for Mediation

3. High School 9th – 12th grade

Level 1 - Parent Notification after 3rd absence per class, per semester; attend Saturday School

Level 2 - Parent Notification after 5th absence per class, per semester; serve in school suspension (as determined by principal)

Level 3 - Parent Notification after 7th absence per class, per semester; removal from the class with no chance to earn credit

VII. Appeals

A. Any time students or parents/guardians are concerned about the disposition of an attendance violation, they are encouraged to contact the teacher or building administrator for clarification.

B. Teacher's decision

Students and parents/guardians wishing to have a review of a teacher's decision regarding tardiness and make up work rendered under this absence rule may do so by filing a written request for review with the principal within five days after the teacher's decision was rendered. The principal will determine a mutually agreeable time, place and a date for the review and notify the student, parents/guardians, and teacher accordingly. At the appointed time, the parties attending the review will meet to discuss the matter informally. Following the review, the principal shall affirm, reverse or modify the teacher's decision.

- C. Principal's decision
Students, parents/guardians and teachers may obtain a review of a principal's decision under this absence rule by filing a written request for review within five days with the superintendent. The superintendent, or designee, will determine a mutually agreeable time, place and date for the review and notify the interested persons accordingly. At the conclusion of the review, the superintendent, or the superintendent's designee, shall affirm, reverse or modify the principal's decision.
- D. Superintendent's decisions
Students, parents and teachers may appeal the superintendent's decision in a given case by filing a written request for review within five days with the Secretary of the Board of Education. The Board of Education will determine a mutually agreeable time, place, and date for the review and notify the interested persons accordingly. At the conclusion of the review, the Board of Education shall affirm, reverse or modify the superintendent's decision.

VIII. Eighteen Year Olds Establishing Own Residence

- A. Eighteen year old or older students who are no longer living at home, but who have established their own residence independent of their parents/guardian, and both they and their parents/guardian have signed the form in Board Policy 501.9 R1 and presented it to the High School Principal to be filed in the High School Office, shall be responsible for their own attendance and may represent themselves whenever this policy otherwise calls for parents or guardian.
- B. Only when a student of majority age (18 years or older, or married) is not residing with the student's parent(s) or guardian(s), may the student present his or her own excuse for absence without parental verification. The principal should be notified of any such circumstance.

It is the responsibility of the superintendent, in conjunction with the principals, to develop administrative regulations regarding this policy.

Legal Reference: 34 C.F.R. sec. 300
28 C.F.R. Pt. 35
Iowa Code 294.4; 299 (2003)
281 I.A.C. 12.2(4)

NEW

Code No. 501.9E1

REQUEST FOR REMOTE LEARNING FORM

Date: _____

Student Name: _____ Attendance Center: _____

Parent/Guardian: _____

I, _____ (Parent/Guardian) am requesting accommodation for my child, _____ (Student Name) to participate in remote learning opportunities for the duration of the declared public emergency, or until I have determined my child can safely return to traditional in-person learning at his/her designated attendance center, whichever occurs first.

I have attached to this form documentation from an Iowa Board of Medicine-licensed medical professional confirming that remote learning is medically necessary due to the vulnerable health condition of my child or of a family member residing within the same home as my child.

I understand that the district will do their utmost to accommodate my child's learning needs, but that some learning opportunities may need to be modified in a remote environment. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans will be determined by each respective IEP or Section 504 team.

I understand that in order for my child to continue to participate in mandatory learning, his/her remote attendance will be taken, assessments administered, and grades will be counted toward my child's cumulative grade average. I understand that any devices, technology, or materials given to my child to facilitate remote learning are the property of the district and must be returned at the end of the remote learning period.

I am requesting that remote learning opportunities begin on _____ (date) and continue until [_____ (date) or the declared public emergency is dismissed].

(Parent/Guardian) _____

(Date) _____

Request approved by: _____ (School official)

(Date) _____

Note: This form is to be utilized by parents/guardians of a student who, during the course of a declared public emergency, believe that further attendance by the student at traditional in person school would be detrimental to the health or safety of the student or the student's family member residing with the student. This form is not necessary when the school building is closed to traditional in person learning and remote learning opportunities are already available to students. It is only to be utilized during a public emergency declared by state or local officials when traditional in person learning continues to be held.

EDUCATIONAL PROGRAM

Policy Title: School Day

Code No. 601.2

The student school day for grades one through twelve will consist of a minimum of six hours, not including the lunch period. The school day consists of the schedule of class instruction and class activities as established and sponsored by the school district. Time during which students are released from school for parent/teacher conferences may be counted as part of the student's instructional time. The minimum school day will meet the requirements as established for the operation of accredited schools.

The board may define the number of days kindergarten will be held and the length of each school day for the students attending kindergarten. The school day will consist of a schedule as recommended by the superintendent and approved by the board.

The school district may also record a day of school with less than the minimum instructional hours if the total hours of instructional time for grades one through twelve in any five consecutive school days equals a minimum of thirty hours, even though any one day of school is less than the minimum instructional hours because of a staff development opportunity provided for the instructional staff or parent-teacher conferences have been scheduled beyond the regular school day. If the total hours of instructional time for the first four consecutive days equal at least thirty hours because parent-teacher conferences have been scheduled beyond the regular school day, the school district may record zero hours of instructional time on the fifth consecutive school day as a school day. Schedule revisions and changes in time allotments will be made by the superintendent.

When the school is forced to close due to weather or other emergencies, the part of the day during which school was in session will constitute a school day. administrative regulations necessary to utilize any remote learning opportunities that are available and permitted by law during the period of closure. Remote learning opportunities will count toward instructional time requirements as allowed by law. During the time of remote learning, student attendance will be taken, assessments may be administered and grades will count toward students' cumulative grade point average. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans during periods of closure will be determined by each respective IEP or Section 504 team.

It is the responsibility of the superintendent to inform the board annually of the length of the school day.

Legal Reference:

34 C.F.R. sec. 300
28 C.F.R. pt. 35

Iowa Code § 279.8 (2003).
281 I.A.C. 12.2(2), .2(3), .2(6).

Cross Reference: 601.1 School Calendar

NEW

APPROPRIATE USE OF Online LEARNING PLATFORMS

It is important to embrace technology that can foster a creative, interactive learning environment for students, and facilitate employee professional development and collaboration. The use of online platforms to host remote interaction between students and employees and to facilitate learning is encouraged in the district.

While student and employee instruction and communication using virtual and online platforms provides a wide array of learning opportunities, it is imperative that employees and students recognize that the use of such platforms is a privilege. Training related to the use of online learning platforms will be provided to employees and students.

The district shall carefully safeguard the right of students and employees to learn and teach in a respectful environment regardless of the method. All instruction and communication through online learning platforms should be appropriate to the age and ability of the participants. Students and employees should be aware that online platforms may be monitored by the district. Verbal and written communication occurring on these platforms may be recorded and stored by the district in accordance with applicable laws.

Any verbal or written communication on these platforms deemed to be inappropriate will subject the student and/or employee to the same disciplinary measures that would exist if the interaction took place through traditional in-person learning. Students and employees who have concerns about the proper use of these platforms are encouraged to speak with their teachers or building principal. The superintendent will make administrative regulations necessary to enforce this policy.

Legal Reference: 20 U.S.C. §1232g; 34 C.F.R. Part 99
47 U.S.C. §254
20 U.S.C. §6777
Iowa Code §§ 715C

Cross Reference: 104 Anti-Bullying/Anti-Harassment
401.13 Staff Technology Use/Social Networking
506.1 Student Records
605.4 Technology in the Classroom
605.6 Internet Appropriate Use
501.6 Student Transfers In

NEW

DISTRICT OPERATION DURING PUBLIC EMERGENCIES

The district believes that student learning is the heart of its core mission. While traditional in-person teaching continues to provide the greatest learning opportunity to all students, there may be rare and unusual circumstances that prevent the school community from convening in traditional in-person settings. At times of a public emergency declared by federal, state or local officials, the district will seek guidance and recommendations from federal, state and local agencies to assist in determining the safety of convening traditional in-person learning.

[During a declared public emergency, the school board delegates to the Superintendent the authority to determine whether to close school buildings to traditional in-person learning if the Superintendent determines in-person learning would hinder the health and safety of the school community. The district will instead utilize remote or hybrid learning opportunities permitted by law.]

Or

[If, due to the public emergency, the school board determines that holding traditional in-person learning at district facilities would hinder the health and safety of the school community the district will instead utilize remote or hybrid learning opportunities permitted by law.]

Following guidance and recommendations from federal, state, and local agencies when reasonably possible, the administration will create regulations related to district operations during a public emergency, including, but not limited to, student, employee and visitor safety and security; the use and safeguarding of district property; public meetings and events, and when applicable, measures to prevent or slow the spread of infectious disease.

These measures will be enforced for the period of time of the public emergency, or until the [school board and] superintendent, in consultation with federal, state and local agencies determine it is appropriate for the safety measures to end.

NOTE: *Districts should choose between the options listed in the italicized language, remove text that is not used then remove italics. The language requiring board approval of school closure to in-person learning due to a declared public emergency is a legal requirement from Senate File 2310. However, boards can choose to delegate this decision to the Superintendent, but that delegation should be specified in board policy.*

NOTE: *The optional language listed in this policy and accompanying regulation are just some examples of the local flexibility districts have to make decisions based upon the priorities of their individual school communities. Districts are strongly encouraged to consult with their legal counsel and adapt the optional language to best suit the needs of their individual communities.*

Legal Reference: Senate File 2310
Iowa Code ch. 279.8

Cross Reference: 403.3 Communicable Diseases - Employees
506 Student Records
507 Student Health and Well-Being



Riceville Wildcats

2020-2021 School Calendar

Start August 24

Start-Finish

Finish May 21

Summary of Calendar

Q1	Oct 23
Q2	Dec 22
Q3	March 12
Q4	May 25
SI	Dec 22
S2	May 25

Calendar Legend

Blue	First/Last Day of Classes
Orange	Early Dismissal
Yellow	Parent Teacher Conferences
Red	No School
Light Blue	Online Learning Day

Holidays

Labor Day September 7
Thanksgiving Day November 26
Christmas Day December 25
New Year's Day January 1
Good Friday April 2
Memorial Day May 31

1 Day=6.58 hours

School Day 8:10-3:10
25 minutes for lunch
Full Day=6.58

Total	August							Student	
H	D	M	T	W	T	F	H	D	
		3	4	5	6	7			
		10	11	12	13	14			
		17	18	19	20	21			
		24	25	26	27	28	32.90	5	
		31					6.58	1	
39.48	6	September							39.48 6
			1	2	3	4	26.32	4	
		7	8	9	10	11	26.32	4	
		14	15	16	17	18	32.90	5	
		21	22	23	24	25	32.90	5	
		28	29	30			19.74	3	
177.66	27	October							138.18 21
					1	2	13.16	2	
		5	6	7	8	9	32.90	5	
		12	13	14	15	16	32.90	5	
		19	20	21	22	23	32.90	5	
		26	27	28	29	30	26.32	4	
315.84	48	November							138.18 21
		2	3	4	5	6	32.90	5	
		9	10	11	12	13	32.90	5	
		16	17	18	19	20	32.90	5	
		23	24	25	26	27	13.16	2	
		30					6.58	1	
434.28	66	December							118.44 18
			1	2	3	4	26.32	4	
		7	8	9	10	11	32.90	5	
		14	15	16	17	18	32.90	5	
		21	22	23	24	25	10.66	2	
		28	29	30	31		0.00	0	
537.06	82	January							102.78 16
						1	0.00	0	
		4	5	6	7	8	26.32	4	
		11	12	13	14	15	32.90	5	
		18	19	20	21	22	32.90	5	
		25	26	27	28	29	32.90	5	
662.08	101	February							125.02 19
		1	2	3	4	5	32.90	5	
		8	9	10	11	12	32.90	5	
		15	16	17	18	19	19.74	3	
		22	23	24	25	26	32.90	5	
780.52	119	March							118.44 18
		1	2	3	4	5	32.90	5	
		8	9	10	11	12	32.90	5	
		15	16	17	18	19	32.90	5	
		22	23	24	25	26	32.90	5	
		29	30	31			19.74	3	
931.86	142	April							151.34 23
					1	2	0.00	0	
		5	6	7	8	9	26.32	4	
		12	13	14	15	16	32.90	5	
		19	20	21	22	23	32.90	5	
		26	27	28	29	30	32.90	5	
1056.88	161	May							125.02 19
		3	4	5	6	7	32.90	5	
		10	11	12	13	14	32.90	5	
		17	18	19	20	21	32.90	5	
		24	25	26	27	28	0.00	0	
		31					0.00	0	
1254.28	176	Teacher days 185							98.70 15

1080 Hour Calendar

Date	Events
Aug 18, 19, 20, 21	Professional Development (No School)
Aug 24	1st Day of School
Sept 7	Labor Day-No School
Oct 23	End of 1st Quarter
Oct 27 and 29	Conferences 4-8pm
Oct 30	No School-Teacher Comp Day
Nov 25, 26, 27	Thanksgiving Break (no school)
Dec 22	End of 2nd quarter
Dec 23-Jan 1	Christmas Break-No School
Jan 4	Teacher Work Day-No School
Jan 5	Classes Resume
Feb 15 and 16	Conferences 4-8pm
Feb 18	Comp Day-No School
Feb 19	No School
Mar 12	End of 3rd Quarter
April 1, 2 and 5	Spring Break-No School
May 12	Seniors Last Day
May 16	Graduation
May 21	Last Day of School /End of 4th Quarter
May 24	Teacher Professional Development