Audit

Policy

After the close of the fiscal year (June 30th), an audit of all accounts be made annually by an independent, certified public accountant or the State Auditor's Office. The audit examination shall be conducted in accordance with generally accepted auditing standards and shall include all funds.

Procedure

1. Fiscal year files are to be maintained accurately to include all deposits and check disbursements.
2. Bank account statements must be reconciled on a monthly basis.
3. The findings of the audit are reported to the District. In turn, the District prepares and publishes an audited statement of the financial condition of the District at the close of each fiscal year.

CHECK REQUISITION

Check Number: _____ Check Date: _____

Please make check payable to: Amount of Check:

Vendor Tax ID:

These funds are being spent for the following:

Invoice #	Account # and Description	Purpose	Amount

Subtotal by Invoice

Total amount of check

md 1.4.2022

Bank Reconciliations

Policy

All bank reconciliations are to be prepared by the Fiscal Specialist and reviewed/approved by the ECP Coordinator in a timely manner. Bank reconciliations shoulT.7 (n)5 (a)1.8 (8a)1.c (h3 (2wo7.7 (C)41C7 (C)4.(45 (b)1.7 (y)-1.5.7 (C)(or)3.8 (7c bank statements with the cash receipts journal.

2. A comparison of inter-organizational bank transfers to be certain that both sides of the transaction have been recorded on the books.
3. An investigation of items rejected by the bank.
4.

In-store Purchases

Policy

The authorization, handling and use of credit cards has been established to provide a convenient and efficient means to purchase goods and services from vendors. Credit cards, however, shall not be used in order to circumvent the general purchasing procedures established by State law and Board policy.

The Director of Finance maintains a control list containing the name of each person to whom a card is issued. Each card has an established credit limit maintained by the Director of Finance. He/she has the capability of accessing the online banking system to view purchases as they are made and their detail.

Procedure

1. The initiator of the request must obtain written approval prior to the purchase by completing the form, *Prior Approval Form for In-store Purchases*.
2. When approval has been obtained, the requestor needs to sign out the card.
3. The card must be returned and signed in during the same business day, unless authorization has been provided by the ECP Coordinator for extended use.
4. All receipts must be signed by purchaser and submitted to the Fiscal Specialist.
5. If receipts are being sent from off-site location, please make a copy of the receipt for your records.

Attachment

Prior Approval Form for In-store Purchases

Credit Cards

VISA Purchase Card/ Walmart/ Sam's/ Publix

Internal Checking Account

Policy

In order to be responsible for all financial transactions including deposits and proper disbursements, receipts must be recorded for all monies collected on a daily transaction basis.

Procedure

1. A check requisition must be created using School Books software and authorized by the ECP Coordinator prior to printing a check.
2. At least two authorized check signers must be assigned on the Checking Account.
3. Daily collection of money made within 5 days of receipt not including bank holidays.
4. Reconcile all monthly transactions to the monthly bank statement in a timely manner.
5. A monthly and annual report must be submitted to Finance of the checking account using School Books software.

Attachments:

Monies Collected Form

Sample Check Requisition Form

REPORT OF MONIES COLLECTED	
Date of Collection	03/07/19
Account Name & Number	6060 HOPE CHILD CARE
Signature of Person Collecting Money	

SOURCE OF COLLECTION	AMOUNT
Must attach receipts for cash & checks	
CHILDCARE RECEIPT# / CHECK#	
CHILDCARE RECEIPT# / CHECK#	
CHILDCARE RECEIPT# / CHECK#	

ve funds were received by me for deposit *I certify that the abo*

Bookkeeper's Signature (or Designee)	Date	

CHECK REQUISITION

Check Number: _____ **Check Date:** _____

Please make check payable to: **Amount of Check:**

Vendor Tax ID:

These funds are being spent for the following:

Invoice #	Account # and Description	Purpose	Amount

Subtotal by Invoice

Total amount of check

md 1.4.2022

Petty Cash

Policy