

Clyde CISD
Business Procedure Manual
Appendix

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

CONFIRMATION OF SOLE SOURCE COMPLIANCE BY VENDOR

The Texas Education Code Subchapter B., Sec 44.031 provides for the purchase of an item that is available from a sole source. Subsection (j) and (k) from the Texas Education Code Subchapter B., Sec. 44.031 define a sole source.

Subsection (j)

Without complying with Subsection (a), a school district may purchase an item that is available from only one source, including:

- 1. an item for which competition is precluded because of the existence of a patent, copyright, secret process, or monopoly;
- 2. a film, manuscript, or book;
- 3. a utility service, including electricity, gas or water; and
- 4. a captive replacement part or component for equipment

Subsection (k)

The exceptions provided by Subsection (j) do not apply to mainframe data-processing equipment and peripheral attachments with a single-item purchase price in excess of \$15,000.

I, _____, an authorized representative of _____,
(*Representative's Name*) *Company Name*

have carefully, reviewed the Texas Education Code Subchapter B., Sec. 44.031 and hereby certify that we meet and comply with Subsections (j) and (k) of the aforementioned code for the sale of the following products. No one else produces our materials and we are the exclusive distributor of these listed products.

Product listing (attach additional pages if necessary): _____

_____ is claiming sole source status based on the following
(*Company Name*)

Please check at least one:

- _____ an item for which competition is precluded because of the existence of a patent, copyright, secret process, or monopoly
- _____ a film, manuscript, or book
- _____ a utility service, including electricity, gas or water
- _____ a captive replacement part or component for equipment

Vendor Representative Signature *Title* *Date*

Vendor Address *City/State/Zip Code* *Telephone Number*

CLYDE CISD BID NOTICE

(EXAMPLE)

The Clyde Consolidated Independent School District is accepting bids for electric forklift and pallet truck. Bid documents, specifications or other data pertaining to these bids may be obtained at the Clyde Consolidated Independent School District Administration Office located at 425 S. Texas Street 76444-2708. Bids are to be submitted to this address and will be received until 2:00 pm, July 18, 2007, at which time they will publicly opened and exchanged. It is anticipated that the contract for these bids will be awarded at the Board of Trustees meeting on August 14, 2007. The CLYDE Independent School District reserves the right to accept or reject any or all bids as it deems to be in its best interest and to waive formalities and reasonable irregularities in bidding.

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

GENERAL TERMS AND CONDITIONS

1.1.0 Preparation of Bids

- 1.1.1 Bidders are expected to examine the specifications and all instructions. Failure to do so will be at the bidders' risk.
- 1.1.2 Each bidder shall furnish the information required on the district's bid form. These conditions are applicable and form a part of the contract documents in each equipment and/or service contract and are a part of the terms of each Purchase Order Request for items of equipment and/or service included in the specifications and bid forms issued herewith. Erasures or changes must be initialed by the person signing the bid.
- 1.1.3 Unit price for each unit bid on shall be shown and such price entered in both the unit price and extended price columns of the bid form for each item bid. In case of error in extension of price, the unit price will govern.
- 1.1.4 When specified, bidder must definitely state time of proposed delivery. Time, if stated as a number of days, will include Sundays and holidays.
- 1.1.5 Trade names and numbers where indicated are provided as quality references only.
- 1.1.6 Bids should not include tax; the Clyde Consolidated Independent School District is tax exempt.

1.2.0 Submission of Bids

- 1.2.1 Bids shall be enclosed in sealed envelopes addressed per instructions, with the name and address of the bidder, the title and number of the bid, and the date and hour of opening on the face of the envelope. FAXED bids will not be accepted by the Clyde Consolidated Independent School District.
- 1.2.2 A list of items, when required, must be submitted within the time specified, and unless otherwise specified, at no expense to the Clyde Consolidated Independent School District. If not destroyed by testing, items will be returned at bidder's request and expense.
- 1.2.3 In the event that no bid is submitted, the invitation should be returned marked "no bid" unless otherwise specified. Notation should be made as to whether future invitations for this type of supplies or services covered by this invitation are desired.

1.3.0 Withdrawal of Bids

- 1.3.1 Bids may be withdrawn prior to the time due by written notice only.

1.4.0 Late Bids

- 1.4.1 Bids and modifications or withdraws thereof received after the time set for opening will not be considered.

1.5.0 Discounts

- 1.5.1 Prompt-payment discounts will be included in the evaluation of bids, provided the period of the offered discount is sufficient to permit payment within such period in the regular course of business.

1.6.0 Design Guides

- 1.6.1 Where indicated trade names and/or numbers are provided as quality references. Substitutions will be accepted only if the item is of equal or superior quality to the example provided. The Clyde Consolidated Independent School District reserves the right to make this determination and is to be furnished with an example of any item bid upon request. When bidding items with trade names and/or numbers other than those indicated in the bid specifications, this information and any other data pertinent to the evaluation of the substitution must be provided or the bid will not be considered.

1.7.0 All-or-None Bids

- 1.7.1 In some instances it is to the advantage of the Clyde Consolidated Independent School District to award the entire bid to one vendor. Please

review these materials carefully to determine if this is an "all-or-none" bid. If it is, and you do not complete the entire document, your bid might be totally rejected. Therefore, if you have any questions, please contact the Clyde Consolidated Independent School District Business Office prior to the submission of your bid.

1.8.0 Texas Hazard Communication Act

- 1.8.1 Successful bidders must furnish current material safety data sheets for any items containing any element, chemical compound or mixture of elements or compounds that is a physical hazard as defined by Federal regulations.

1.9.0 Date Field/Year 2000

- 1.9.1 Any equipment or component of equipment specified in this bid must be year 2000 compliant. Any software or embedded chips, which record time and date functions must be capable of operating successfully beyond the year 2000. The authorizing signature on this bid guarantees that all products being bid will work beyond the year 2000 without modification.

1.10.0 Award of Bids

- 1.10.1 The bid will be awarded to that responsible bidder whose bid, conforming to the invitation for bids, will be most advantageous to the Clyde Consolidated Independent School District, price and other factors considered.
- 1.10.2 The Clyde Consolidated Independent School District reserves the right to reject any or all bids and to waive formalities and minor irregularities in bids received.
- 1.10.3 The Clyde Consolidated Independent School District may accept any item or group of items of any bid, unless the bidder qualifies his bid by specific limitations. The Clyde Consolidated Independent School District reserves the right to make awards on any item for a quantity greater than the quantity bid upon at the unit price offered unless the bidder specifies otherwise in this bid.
- 1.10.4 Quantities indicated are as accurate as possible; however, the Clyde Consolidated Independent School District reserves the right to purchase lesser amounts than initially estimated based upon the possibility of budget limitations.

1.11.0 Contract

- 1.11.1 Contracts for purchase will be put into effect by means of a purchase order(s) executed by the Business Office after bids have been awarded. Any additional agreement/contract to be signed by the Clyde Consolidated

Independent School District shall be included with the bid.

1.11.2 All contracts and agreements between Merchants and the Clyde Consolidated Independent School District shall strictly adhere to the statutes as set forth in the Uniform Commercial Code as last amended.

1.12.0 Invoices and Payments

1.12.1 Seller shall submit to the Clyde Consolidated Independent School District Business Office, an original and a duplicate, on each Purchase Order Request after each delivery. Invoices shall indicate the Purchase Order Request number, shall be itemized and transportation charges, if any, shall be listed separately. Invoices should be mailed, not enclosed with merchandise.

1.13.0 Deliveries

1.13.1 Deliveries required in this bid shall be freight prepaid, F.O.B. destination and bid prices shall include all freight and delivery charges unless noted in this bid.

1.13.2 Right of inspection: Buyer shall have the right to inspect the goods at delivery before accepting them.

1.14.0 Disclosures

1.14.1 By signing this bid, a bidder affirms that he/she has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with the bid submitted.

1.14.2 By signing this bid, a bidder affirms that, to the best of his/her knowledge, the bid has been arrived at independently, and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give them an unfair advantage over other bidders in the award of this bid.

1.14.3 Bidder shall note any and all relationships that might be a conflict of interest and include such information with the bid.

SPECIFIC TERMS AND CONDITIONS

2.0.0 Instructions to Bidders

2.0.1 It is the intention of the Clyde Consolidated Independent School District to purchase an electric forklift and an electric pallet truck and will be awarded to the lowest vendor meeting specifications.

- 2.0.2 Any alternate bid must have detailed specification sheets and list any deviations from Clyde Consolidated Independent School District specifications.
- 2.0.3 All prices are to include delivery and operational instructions.
- 2.0.4 Written warranties and specification sheets are to be included with the returned bid.

A. Equipment Specifications/Price Sheet

3.1.0 Electric stand-up rider cushion-tired forklift: Yale Model ESC030AB or equivalent

- 3900 lbs at 24" load center
- 190" maximum lift height
- 83" lowered lift height
- 61" free lift
- 42" fork length
- 24 volt drive motor
- Curtis 1205X or equivalent solid-state controls
- Hydraulic hydrostatic power steering system
- Triplex "hi-vis" mast or equivalent
- Hour meter battery discharge indicator
- Side-shifting carriage
- Back-up alarm

Battery: 12-125-15, 24 volts; 875 amp/hr with 15 yr. warranty (100% coverage)

- Hertner Battery Charger or equivalent TGW-12-875; 24 volts; 3-phase;
- 15 yr. warranty
- Two headlights

Warranty information attached: Yes No

Specification Sheet attached: Yes No

Price is to include delivery and operational instructions:

Quantity (1) Price \$ _____

Estimated Delivery date from receipt of purchase order: _____

List any deviations:

3.2.0 Walkie-Rider Electric Pallet Truck Yale Model MPE 060 LE or equivalent

6000 lbs lift capacity
48" fork length
27" fork spread
24 volt drive motor
Curtis 24V SEM transistorized drive control or equivalent
Convenience Tray
Battery: General HUP 12-85-13 510 amp, 7 year warranty
Charger: Hertner or equivalent 3-phase 100%, 15-year warranty

Warranty information attached: ___ Yes ___ No

Specification Sheet attached: ___ Yes ___ No

Price is to include delivery and operational instructions:

Quantity (1) **Price** \$ _____

Estimated Delivery date from receipt of purchase order: _____

List any deviations:

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

NOTICE TO "NO BID" FORM

Dear Vendor:

Please check the appropriate box below, complete the remainder of this form and return it prior to the scheduled date and time:

- Our company cannot provide a quote for the line items listed in this request. Please move our name and address to the following category(ies) so that we may bid at a later date:
Category(ies): _____

- We have chosen not to submit a bid at this time, but would like to remain on your list for this bid category. We did not submit a bid because:
Reason(s): _____

- Please remove our name from all Clyde Consolidated Independent School District lists until further notice.
Reason(s): _____

Company Name: _____

Representative: _____

Address: _____ Phone: _____

Name of Bid and Opening Date: _____

PLEASE RETURN THIS FORM ONLY TO:

CLYDE CISD Notice of "No-Bid" PO Box 479 CLYDE, TX 79510

Authorized Signature: _____

Title: _____ Date: _____

Thank you for your time and assistance.

Vendors who respond to this invitation with a completed bid form will remain on our mailing list. Vendors making no response at all will be removed from that listing.

**CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
AFFIDAVIT OF NON-COLLUSION**

By submission of this bid/proposal/quote, the undersigned certifies that:

- A. This bid/proposal/quote has been independently arrived at without collusion with any bidder or competitor;
- B. This bid/proposal/quote has not been knowingly disclosed and will not be knowingly disclosed, to any other bidder competitor or potential competitor, prior to the opening of bids/proposals/quotes for this project;
- C. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid/proposal/quote;
- D. The undersigned certifies that he/she is fully informed regarding the accuracy of the statements contained in this certification, and that the penalties herein are applicable to the bidder as well as to any person signing in his behalf.

Company Name

Address

City/State/Zip

Phone Number/Fax Number

Authorized Signature

Print Name/Title

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
CERTIFICATE OF RESIDENCY

The State of Texas has passed a law concerning non-resident contractors. This law can be found in the Texas Education Code under Chapter 2252, Subchapter A. This law makes it necessary for the Clyde Consolidated Independent School District to determine the residence of its offerors. In part, this law reads as follows:

“Section: 2252.001

- (3) ‘Non-resident bidder’ refers to a person who is not a resident.
- (4) ‘Resident bidder’ refers to a person whose principal place of business is in this state, including contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section: 2252.002

A governmental entity may not award a governmental contract to a nonresident bidder unless the nonresident underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident’s principal place of business is located.”

I certify that

(Name of company bidding)

is, under Section: 2252.001 (3) and (4), a

_____ Resident Bidder or _____ Non-resident Bidder

My/Our principal place of business under Section: 225201 (3) and (4), is in the city of

_____ in the state of _____.

Signature of Authorized
Company Representative

Print Name

Title

Date

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

REQUEST FOR COMPETITIVE SEALED BID/PROPOSAL COMPLIANCE FORMS

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or owner or operator of the business entity has been convicted of a felony." The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person of business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person of business entity for services performed before the termination of the contract.

This notice is not required of a publicly held corporation.

I, the undersigned for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Name of Vendor: _____
(please type or print)

Name of Company Official: _____
(please type or print)

CHECK THE FOLLOWING APPLICABLE STATEMENT AND SIGN/DATE BELOW:

_____ A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

_____ B. My firm is not owned or operated by anyone who has been convicted of a felony.

_____ C. My firm is owned or operated by the following individuals who has/have been convicted of a felony.

Name of individual(s): _____

Details of conviction(s): _____

Signature of Authorized Agent

Date

Clyde Consolidated Independent School District
New Vendor Request Form

Company Name: _____

Federal Tax ID: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Description of Goods/Services Provided:

Requested By: _____

Principal/Dept. Head Approval: _____

Business Office Approval: _____

Clyde Consolidated Independent School District
Vendor Performance Report

Today's Date: _____

Your Name: _____

Campus: _____

Principal's Signature: _____

Company Name: _____

Purchase Order Request Number: _____

Date of Purchase Order: _____

Item/Catalog Number: _____

Please Check Reason for Noncompliance:

- Wrong Item Ordered
- Wrong Item Shipped
- Quality Not As Expected
- Item Arrived Damaged
- Item Arrived Defective
- Other _____

Upon receipt of three (3) notifications of Nonconforming Products/Services from vendor, the vendor shall provide a written response to the business office. Vendor may be deleted from vendor file for no response or an unsatisfactory response.

Clyde Consolidated Independent School District
Conflict of Interest Affidavit

State of Texas

County of _____

I, _____, as a Trustee of the CLYDE Independent School District Board of Trustees, make this affidavit and hereby on an oath state the following: I, or a person related to me, have a substantial interest in a business entity, as those terms are defined in Local Government Code sections 171.001-171.002, that would experience a special economic effect distinguishable from its effect on the public by a vote or decision of the board or in real property for which it is reasonably foreseeable that the board's action will have a special economic effect on the value of the property distinguishable from its effect on the public.

The business entity or real property is: (name and address of business or description of property)

"I" or (name of relative and relationship) have/has a substantial interest in this business entity or real property for the following reasons: (check all that apply)

- Ownership of 10 percent or more of the voting stock or shares of the business entity
- Ownership of 10 percent or more of the fair market value of the business entity
- Ownership of \$15,000 or more of the fair market value of the business entity
- Funds received from the business exceed 10 percent of (my, her, his) gross income for the previous year
- Real property is involved and (I, he, she) (have/has) an equitable or legal ownership with a fair market value of at least \$2,500

Upon filing of this affidavit with the School Board's secretary, I affirm that I shall abstain from participation in any decision involving this business entity or real property, unless permitted according to Loc. Govt. Section 171.006.

Signed this _____ day of _____, 20_____.

Signature of Official

Title

Acknowledgment

State of Texas

County of _____

BEFORE ME, the undersigned authority, this day personally appeared _____ and on oath stated that the above stated facts are true to the best of his/her knowledge or belief.

Sworn to and subscribed before me on the _____ day of _____, 20____.

Notary Public in and for the State of Texas

My commission expires: _____

CREDIT CARD AUTHORIZATION

SUBMIT TO BUSINESS OFFICE

DATE: _____

CARD HOLDER _____

CARD # _____

(last four card digits only)

VENDOR

DATE

AMOUNTS

<u>VENDOR</u>	<u>DATE</u>	<u>AMOUNTS</u>

TOTAL \$0.00

ACCOUNT

AMOUNTS

<u>ACCOUNT</u>	<u>AMOUNTS</u>

TOTAL \$0.00

Business Manager Signature _____

DATE _____

IF AMOUNT ABOVE EXCEEDS \$1,000 MUST HAVE SUPERINTENDENT APPROVAL

Superintendent Signature _____

DATE _____

BUDGET CHANGE FORM

SUBMIT TO BUSINESS OFFICE

DATE: _____

Does this budget change need Board approval?

	yes
	yes

	no
	no

Does this budget change need Program authority approval?

PLEASE TRANSFER THE FOLLOWING BUDGET AMOUNTS TO/FROM THE ACCOUNTS AS LISTED:

<u>ACCOUNT</u>	<u>INCREASE</u>	<u>DECREASE</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL SHOULD BALANCE:	\$ 0.00	\$ 0.00

DIVISION DIRECTOR SIGNATURE

REASON FOR BUDGET TRANSFER:

ACCOUNT CHANGE FORM

SUBMIT TO BUSINESS OFFICE

_____ (Date)

PLEASE MOVE THE FOLLOWING:

<u>FROM</u>		<u>TO</u>	
<u>AMOUNT</u>	<u>ACCOUNT NUMBER</u>	<u>AMOUNT</u>	<u>ACCOUNT NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>\$0.00</u>	TOTAL SHOULD MATCH	<u>\$0.00</u>	

DIVISION DIRECTOR SIGNATURE

REASON FOR CHANGE:

For Business Office Use Only:

General Journal Number: _____

Entered By: _____

Date: _____

Clyde Consolidated Independent School District

Donation Approval Form

Donor Name: _____

Address: _____

Telephone: _____

E-mail: _____

Type of Donation: _____

Amount of Donation: _____

Suggested Use of Donation: _____

Signature of Donor

Date

Superintendent Signature

Date

Board of Trustees Approval

Date

CAMPUS CASH RECEIPTS

SUBMIT TO BUSINESS OFFICE

(Date)

PLEASE DEPOSIT THE FOLLOWING

LIST PAYEE:

DESCRIPTION

AMOUNT

ACCOUNT NUMBER

<u>LIST PAYEE:</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>ACCOUNT NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\$0.00

PRINCIPAL OR DEPARTMENT HEAD SIGNATURE

CASH COUNT SHEET

SCHOOL/DEPT. _____ DATE OF COUNT _____

Petty Cash _____ Change Fund Other _____

Currency	_____	X	\$ 1.00 = _____	
	_____	X	5.00 = _____	
	_____	X	10.00 = _____	
	_____	X	20.00 = _____	
	_____	X	50.00 = _____	
	_____	X	100.00 = _____	
			Total Currency	\$ _____

Coin	_____	X	.01 = _____	
	_____	X	.05 = _____	
	_____	X	.10 = _____	
	_____	X	.25 = _____	
	_____	X	.50 = _____	
	_____	X	1.00 = _____	
			Total Coins	\$ _____

Checks: _____ \$ _____

Petty Cash Disbursement Vouchers: _____ \$ _____
(With attached paid receipts/invoices)

Other: _____ \$ _____

TOTAL CASH AND VOUCHERS: _____ \$ _____

TOTAL TO ACCOUNT FOR: _____ \$ _____

OVERAGE OR (SHORTAGE): _____ \$ _____

First Person Making Count: _____
(Signature)

Second Person Making Count: _____
(Signature)

Clyde Consolidated Independent School District

ACH Direct Deposit Option

CLYDE CISD has the capability of depositing your payroll check, travel check, and other reimbursements directly into your bank account through the ACH Direct Deposit System.

If you would like to use this service, please complete this form, sign, attach a copy of a voided check, and submit to the Business office.

I wish to have the following reimbursements deposited into the account listed below.

Payroll Travel and/or Other Reimbursements

If you wish to have multiple accounts for deposits, please complete a form for each specific disbursement.

Employee Name _____

Bank Account Number _____ Routing Number _____

Please check one: Checking Savings

Bank Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Employee's Signature

Date

TEXAS HOTEL OCCUPANCY TAX EXEMPTION CERTIFICATE



NOTE: This certificate is for business only, not to be used for private purposes, under penalty of law. The hotel operator may request a government ID, business card or other identification to verify exemption claimed. Certificate should be furnished to the hotel or motel. DO NOT send the completed certificate to the Comptroller of Public Accounts. The certificate does not require a number to be valid. Refer to Hotel Rule 3.101 for exemptions.

Check exemption claimed:

- United States government or Texas government official exempt from state, city, and county taxes.** Includes US government agencies and its employees traveling on official business, Texas state officials or employees who present a Hotel Tax Exemption Photo Identification Card, and diplomatic personnel of a foreign government who present a Tax Exemption Card issued by the US Department of State.
- Religious, charitable, or educational organization or employee exempt from state tax only.** Educational organizations include school districts, private or public elementary and secondary schools, and Texas institutions of higher education as defined in Section 61.003, Texas Education Code. Beginning October 1, 2003, non-Texas institutions of higher education (public and private universities, junior colleges, community colleges) must pay the state hotel occupancy tax. Religious and charitable organizations must hold a letter of exemption issued by the Comptroller of Public Accounts to claim the exemption.
- Other. Organization exempt by law other than Chapter 156, Tax Code.** Specify reason for exempt status below. **Supporting Documentation Required.**

Name of exempt organization	Organization exempt status (Religious, charitable, educational, governmental)
Address of exempt organization (Street and number, city, state, ZIP code)	

GUEST CERTIFICATION: I declare that I am an occupant of this hotel/motel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct.

Guest name (Please print)

	Date
--	------

FOR HOTEL/MOTEL USE ONLY (OPTIONAL)

Name of hotel/motel				
Address of hotel/motel (Street and number, city, state, ZIP code)				
Room rate	Local tax	Exempt state tax	Amount paid by guest	Method of payment

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To review or correct your state tax-related information, contact the Texas State Comptroller's office.

Hotels may require verification before accepting a hotel occupancy tax exemption certificate. An organization may qualify for hotel occupancy tax exemption even when it does not have a Comptroller's letter of hotel tax exemption or cannot be found on the Comptroller's list of exempt organizations. Some examples include churches, public schools and community colleges.

You may need to pay the tax until verification of hotel tax exemption can be obtained from the Comptroller's office. You can apply to the hotel for a refund or credit.

A list of charitable, educational, religious and other organizations that are exempt from state and/or local hotel tax is online at http://window.state.tx.us/taxinfo/exempt/exempt_search.html. Other information about Texas tax exemptions, including applications, is online at <http://window.state.tx.us/taxinfo/exempt/index.html>.

You can also send an e-mail to exempt.orgs@cpa.state.tx.us or call (800) 252-1385.

MOTOR VEHICLE RENTAL EXEMPTION CERTIFICATE

THIS EXEMPTION CERTIFICATE IS NOT VALID FOR TAX-FREE REGISTRATION.
THIS EXEMPTION CERTIFICATE MUST BE ATTACHED TO THE RENTAL CONTRACT.

Make of vehicle		Motor or vehicle identification number
Year model	Body style	License number

The undersigned claims exemption from payment of motor vehicle gross rental receipts tax under the Taxes on Sale, Rental and Use of Motor Vehicle Law (TEX.TAX CODE ANN. ch. 152), on the rental of the above described motor vehicle from:

Vehicle owner
Address (Street & number)
City, state, ZIP code

Renter claims this exemption for the following reason:

- | | |
|---|--|
| <input type="checkbox"/> A public agency | <input type="checkbox"/> Rent for Re-rental |
| <input type="checkbox"/> A church or religious society
Vehicle rented meets the following requirements:
• designed to carry more than six (6) passengers
• primary use must be for providing transportation to and from church or religious services or meetings | <input type="checkbox"/> Farm or ranch use (farm trailer, semi-trailer, farm machinery)
Vehicle rented meets the following requirements:
• a trailer used primarily for farming and ranching
• a self-propelled motor vehicle must have been modified to perform some specialized farm/ranch related function other than transportation; such as applying or dispensing agricultural products, plant food materials or feed for livestock |
| <input type="checkbox"/> A residential child-care facility licensed under Chapter 42 of the Human Resources Code to care for both children who do not require specialized care <u>and</u> children who are emotionally disturbed. | |

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Exempt person or organization
Authorized person sign here
Address (Street & number)
City, state, ZIP code

NOTE: THIS FORM MAY BE REPRODUCED, BUT MUST BE SUBSTANTIALLY IN THE FORM SET OUT ABOVE. DO NOT SEND THE COMPLETED EXEMPTION CERTIFICATE TO THE COMPTROLLER OF PUBLIC ACCOUNTS.

Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____


Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
---	-------	------

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

Submit Completed Form to
Business Office

**Clyde Consolidated Independent School District
PERSONNEL ACTION NOTICE**

Employee: _____

Assignment: _____

Nature of Notice
 Address Change (section 1)
 Leave of Absence (section 2)
 Termination (section 3)
 Status Change (section 4)
 New Hire (section 5)

1. **ADDRESS CHANGE:** No signature/approval required

Address: _____

City, State, Zip: _____

Phone: _____ Effective Date: _____

2. **LEAVE OF ABSENCE:** Employee must submit a letter requesting leave to Superintendent. (Give dates and reason)

3. **TERMINATION:** Employee must schedule exit interview with the Superintendent or designee before final paycheck will be issued.

Date of Termination: _____

4. **STATUS CHANGE:**

Change in Assignment From (position): _____

Change in hours, duties To (position): _____

Highly Qualified (Y or N) Effective Date: _____

Replacement for: _____

5. **NEW HIRE:**

Teacher Assignment: _____

Director Highly Qualified (Y or N): _____

Principal Effective Date: _____

Support Staff Days per Year: _____

Maintenance Hours to Work: _____

Rate per Hour: _____

Total Salary: _____

Funding Sources: _____

References Called: _____

Applicants Interviewed: _____

Business Office Recommendation _____

Superintendent Approval _____

**CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
PAYROLL DEDUCTION AGREEMENT FORM**

Date: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____
Mailing Address

City State Zip Code

Cell Phone: _____

Email Address: _____

I, _____ SS# _____

authorize _____ ISD to deduct \$ _____ for

_____ months from my payroll beginning in _____ of _____
(month) (year)

for a total of payments equaling \$ _____.

Employee Signature

Date

Business Manager Signature

Date

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

EXTRA PAY REQUEST FORM

Employee Name _____ Employee No. _____

Description of Activity _____

Campus/Location of Activity _____ Month _____ Year _____

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours Worked	Total Hours	Remarks
Hours Worked										

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours Worked	Total Hours	Remarks
Hours Worked										

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours Worked	Total Hours	Remarks
Hours Worked										

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours Worked	Total Hours	Remarks
Hours Worked										

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours Worked	Total Hours	Remarks
Hours Worked										

HOURLY/DAILY RATE	\$ _____	ACCOUNT CODE	_____
NO HRS	X _____	FUND	_____
AMT EARNED	\$ _____		
To be completed by Campus Principal/Supervisor			

Employee Signature

Date

Supervisor's Signature

Date

Administrator's Signature

Date

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

School Property Disposition Form

1) TYPE OF DISPOSITION

- Sale, Trade, Exchange, or Gift of Land and/or Building(s)
- Demolition of Building(s)
- Equipment or other Personal property
- Other, please explain briefly:

2) REASONS FOR DISPOSING OF THIS PROPERTY:

3) PROPOSED METHOD OF DISPOSITION:

- Public Auction
- Solicitation of sealed bids
- Other: _____

4) Provide a complete and detailed description of the property. If more room is necessary, additional pages may be used to clearly explain the descriptions below:

Date of original acquisition: _____ (approximate if you do not have the exact date)

Original Cost: _____

Current Resale or Market Value: _____

Description of equipment and/or Personal Property:

Year Manufactured: _____

Model: _____

Serial Number: _____

Mileage: _____

Other Characteristics: _____

Federal Purchase Yes No

Legal Description of Real Property: _____

Business Office Signature

Date

Superintendent Signature

Date

**Clyde Consolidated Independent School District
Title I, Part A Administrative Procedures
Action Plan**

Activity	Timeline	Documentation	Responsibility
1 Board of trustees approves business procedure manual.	January 2013	Board Minutes Resolution	Superintendent – Board of Trustees
2 Review and revise Comprehensive Needs Assessment and District/Campus Improvement Plans.	Spring 2012 Summer 2012	Surveys, Test Scores SBDM Minutes	Administration
3 Activities selected in the NCLB Federal Application align with Comprehensive Needs Assessment and DIP/CIP.	May 2012	2012-2013 Consolidated NCLB Federal Application	Program Director
<p>4 CLYDE ISD will maintain documentation to ensure that Title I A expenditures are allowable. Superintendent and Program Director will ensure that expenditures are:</p> <ul style="list-style-type: none"> a) Reasonable and necessary to carry out the intent and purpose of the program. b) Addressing identified needs in the Comprehensive Needs Assessment. c) Addressing activities described in the DIP/CIP. d) Evaluated for positive impact by SBDM. e) Upgrading the entire school wide educational program. f) Supplemental to other non-federal programs. <p>CLYDE ISD is a single attendance area and does not have to do comparability. The SC 5000 in the application has determined that all campuses are Title I eligible and all campuses operate a school wide program except the high school. (OMB Circular -87)(Title I Policy Guidance)</p>	On-going	General Ledger NCLB Application	Superintendent Program Director
5 Monitor payroll and non-payroll costs.	Monthly	Detailed General Ledger, General Ledger Inquiry, Payroll Earnings Register and Account Distribution Journal	Superintendent Business Manager
6 Will not reduce the availability of state and local funds because of the availability of Title I, Part A funds on a school wide campus.	September 2012	General Ledger	Superintendent Business Manager

**Clyde Consolidated Independent School District
Title I, Part A Administrative Procedures
Action Plan**

Activity	Timeline	Documentation	Responsibility
-----------------	-----------------	----------------------	-----------------------

7			

Business Procedures for Administering Title I A Funds

CLYDE ISD will maintain documentation to ensure that Title I A expenditures are allowable. Principal will ensure that expenditures are:

1. Reasonable and necessary to carry out the intent and purpose of the program.
2. Addressing identified needs in the Comprehensive Needs Assessment
3. Addressing activities described in the DIP/CIP
4. Evaluated for positive impact by SBDM
5. Upgrading the entire school wide educational program
6. Supplemental to other non-federal programs

CLYDE ISD is a single attendance area and does not have to do comparability. The district has decided to serve the elementary campus. The SC 5000 in the application has determined that the elementary is a Title I A eligible campus that has a school wide program.

Administrative procedure for documenting Time and Effort

Employees are required to have a current job description that identifies the program(s) or cost objectives under which the employee works for documentation for charges to federal programs.

For teachers and paraprofessionals the daily class schedule will provide documentation of activities performed for each particular program.

A signed and dated copy of the job description and activities performed for the program should be maintained in the employee's personnel file. The job description and the schedule must be signed by the employee and the campus principal.

Employees who do not work 100% are required to maintain Time and Effort records to account for their time. These records will be turned into the business office each month.

Employees who are 100% funded by a single grant program are required to maintain on file a signed and dated job description that clearly shows he/she is assigned 100% to that program. The job description must be signed by the employee and the campus principal.

CLYDE CISD

Semi-annual Personnel Certification Form

OMB Circular A-87 Cost Principals Revised 02/2008

Grant (circle appropriate grant funding):

Title I

Title II A

Other: _____

I (printed name) _____, certify

that I will work solely (100%) under the single grant program (circled above) as a

(print position) _____ (see attached job

description) from (check one set of dates):

_____ July- December, 20__

_____ January- June, 20__

Date: _____

Signature of Employee

AND

Date: _____

Signature of Supervisor having first-hand knowledge of the work performed

EXTRA DUTY PAY AGREEMENT FORM

Clyde CISD

School Year: _____

Name of Employee: _____ Position: _____

Agrees to work at \$_____ /hour for _____ hours/day from _____
until _____

The program fund source to be used is (circle one): Title I A, Title IIA, State Comp.,
SSI, Bilingual/ESL, IDEA, HSA, Other: _____

Goal from Campus Improvement Plan: _____

Activity that references this expenditure from Campus Improvement Plan: _____

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Note: File with Business Office

Texas Education Agency
Comparability Assurance Document
Title I, Part A
2012-2013

Name of Local Education Agency: _____

County-District Number: _____

- The LEA is **EXEMPT** from the Title I, Part A Comparability of Services requirement, **OR**
- The LEA is **NOT EXEMPT**. The superintendent or chief operating officer of the Title I, Part A participating LEA has reviewed and approved the submission of the completed Title I, Part A Comparability Computation Form (CCF).

If the LEA is **EXEMPT** from this requirement—Check the appropriate box(es) in the section below and sign the form.

This LEA is exempt from the Comparability of Services requirement because: <input type="checkbox"/> The LEA has only one campus per grade span. <input type="checkbox"/> The LEA does not receive Title I, Part A funding, and therefore has no Title I, Part A Campuses.
--

If the LEA is **NOT EXEMPT** from this requirement, review and check the Statements of Assurance in the box below to confirm that Title I, Part A Comparability of Services testing on the CCF has been completed appropriately and that the required policies have been implemented. Sign the form, scan, and upload into NCLB Reports.

Statements of Assurance:

- | |
|---|
| <ul style="list-style-type: none">♦ The signatory is the duly authorized superintendent or charter school chief operating officer for the LEA.♦ The data provided on the submitted Title I, Part A CCF are accurate and represent the configuration of the LEA.♦ The LEA is compliant with the Title I, Part A comparability of services requirement as shown in the CCF submission for the following Grade Span groups (e.g., Elementary campuses, Middle School campuses, and/or High School campuses):
_____♦ The LEA has established and implemented the following: 1) an LEA-wide salary schedule; 2) a policy to ensure equivalence among schools in teachers, administrators, and other staff; and 3) a policy to ensure equivalence among schools in the provision of curricular materials and instructional supplies. |
|---|

Ensure to obtain the original signature of Superintendent and the Date of that signature; then scan and upload this completed Assurance via the NCLB Reports application in TEASE as the 2012-2013 Comparability Assurance Document. For complete instructions on how to upload refer to the Comparability Instructions at <http://www.tea.state.tx.us/index4.aspx?id=6995>

Original Signature of Superintendent or Chief Operating Officer _____ DATE _____

Printed Name of Superintendent or Chief Operating Officer: _____

Note: If you have questions about this requirement, please consult the CCF User Manual Part I on the link above or contact the Division of Federal Program Compliance at FPC.Compliance@tea.state.tx.us

Due Date: November 12, 2012

Clyde Consolidated Independent School District
Travel Request Form

Name: _____ Date Submitted: _____

Name of Workshop/Conference: _____ ESC #: _____

Description/Purpose of Workshop/Conference: _____

Location of Workshop/Conference: _____ Date(s) of Workshop/Conference: _____

Departure Date: _____ Departure Time: _____

Returning Date: _____ Returning Time: _____

List others attending: _____

ESTIMATE OF EXPENSES:

Meals for day trips may be available with prior approval.

*** This is only an estimate of expenses for determining funding available.*

Will a substitute be needed? _____ Registration Fee: _____

Lodging (Number of nights): _____ Cost per night: _____ Total: _____

Meals: _____ # Breakfasts _____ # Lunches _____ # Dinners _____ Total: _____

Travel: _____ # Miles X state mileage rate _____ = approximate cost _____

(Must use school vehicle if available)

Will a district vehicle be used? _____ Yes _____ No

If yes, what type of vehicle is being requested? _____

Signature of Requesting Employee: _____ Date _____

Principal Signature: _____ Date _____

Director of Curriculum &
Special Programs Signature: _____ Date _____

EMPLOYEE TRAVEL EXPENSE VOUCHER

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

PO# _____

Employee _____ Title _____ Date: _____

School: _____ Destination _____

Departure date: _____ Time of Day: _____ Return Date: _____ Time of Day: _____

Room will be shared with: _____

Purpose of trip: _____

Payable To:	Account # To Be Charged	Amount
Hotel		\$
Registration		\$
Payable To:		\$

Expense	Advance	Actual
Total Mileage _____ X _____/mile	No Mileage Advance	\$
Airfare	\$	\$
Hotel	\$	\$
Meals-Per Diem	\$	\$
Registration Fee	\$	\$
Other	\$	\$
	\$	\$
	\$	\$
Total	\$	\$
Amount owed DISTRICT if Advance is Greater than Actual		
Amount owed EMPLOYEE if Actual is Greater than Advance		

1. Actual odometer reading (point to point) or an electronic mapping source (www.mapquest.com or equivalent) must be used to receive mileage reimbursement. See Clyde CISD Travel Guidelines regarding mileage reimbursement.

2. Advance for Hotels, Registration and Airfare cannot be made to the employee, check can only be made to the vendor. Please state above if the room is being shared.

3. A full day of meals is not paid unless the employee is gone from 7AM until 7PM. The distribution shall be as follows:

Breakfast \$ 10.00
Lunch \$16.00
Dinner \$20.00

4. Advances can only be made if this form is received in the Business Office fourteen (14) days prior to the departure date

*I understand that receipts for advances (other than meals) must be returned to the Business Office within 30 days from return date.

Signature of Employee Date

Signature of Supervisor Date

Date Received by Business Office:

Clyde CISD Acquisition Form

Person Making Request: _____ Date: _____

Campus: _____ Position: _____

Funding source: _____

Program, activity, strategy described in the CIP (reference the specific strategy in the CIP)

Please put an X by the fund you are requesting to use

Funding Source	Code	Person Responsible	Description of funding source
___ Title I A	211		Supplemental funds to meet State's student performance standards.
___ Title IIA	255		Supplemental funds to improve student achievement by raising teacher and principal quality
___ State Comp Ed	199		Funds to increase academic achievement and reduce the drop out rate of identified at risk students
General Fund: ___ ESL ___ GT ___ Other	199		Local funds designated for specific student populations (sub object)
General Fund: ___ HS Allot	199		Local funds designated for HS student populations (sub object) (career & college ready)
Activity			Funds raised at the campus level for specific groups

Vendor: _____

Address: _____

Phone: _____ Fax: _____

Expense Reimbursement Form



Clyde CISD
 PO Box 479
 Clyde, TX
 79510

Phone: 325-893-4222
 Fax: 325-893-4024

Name:

Title:

Campus:

Phone:

Date	Date Needed	Account Code	Reason	Amount

IMPORTANT: Please attach all supporting documentation (receipts). Reimbursement will not be made without receipts. State sales tax is not reimbursable by the district.

Comments:

Signature:

Authorized By:

Internal Use Only

Amount Paid	Check No.	Date