# ACTIVITY FUNDS

## SECTION 5

**FY 2026–2027**

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> **Cross-Training Requirement**
> There must be someone cross-trained to back up the secretary in accordance with the cut-off calendar to receipt in funds and submit monthly transmittals. This backup person must be identified and trained before a staffing gap occurs.

## I. Collecting Funds from Students

**Money Collection Form – Teachers, coaches, or sponsors who collect money** from students for any purpose must use the Money Collection Form to account for and document funds collected from students.

Documentation should include:

- Name of student.
- Amount of money paid by each student and date paid.
- The purpose of the collections.
- Name of teacher, coach, or sponsor.
- Breakdown of money by checks or cash and total.

**Teachers, Coaches, or Sponsors must not hold any money in their classrooms or in their possession.**

Remit all money collected to the principal's office daily with the money collection form. These forms are available for download from the GCSD Business Office website:

https://www.gcsd.us/business-office-gcsd-forms

Teachers, Coaches, or Sponsors must not remit money without receiving a receipt. They must wait and watch the principal's designated staff member count the money and issue their receipt.

The principal's office shall:

1. Issue the receipt (white copy) to the teacher in the presence of the teacher.
2. Write the receipt number on the money collection sheet, sign and date it, and give a copy to the teacher.
3. Maintain a copy of the money collection form at the local school.
4. Send a copy of the money collection form to central office with the Receipt Transmittal.

### CONCESSIONS OR STORES

A Resale Items Inventory Reconciliation form should be submitted to the Business Office monthly for collections from stores, concessions, etc. for cash and inventory verification. The principal's office shall:

1. Issue a receipt to the teacher in the presence of the teacher.
2. Send a copy of the reconciliation form to the business office with a copy of receipts verifying deposits made.

## SCHOOL AND ATHLETIC EVENTS

- Pre-numbered tickets must be used at any local school event for which a fee is charged for admission, and it is anticipated that the event will generate more than $100.
- **High School and Middle School Athletics**: All pre-numbered tickets for athletic events will be accounted for by using the Athletic School Event Receipt form.
- **Elementary basketball** games will be accounted for by using the Elementary Basketball Ticket Sales Form.
- **Non-athletic Events**: All pre-numbered tickets for non-athletic events will be accounted for by using the Extracurricular Event Ticket Sales Form.
- The School Event Receipt form must be completed in its entirety:
  - The School Secretary must attach the starting ticket to the form before submitting to the ticket taker.
  - The form must be signed by the ticket taker when the tickets and change cash, if applicable, are received.
  - After the event, the ticket taker must tally the number of tickets sold and count the cash on hand.
  - The ticket taker should notate any differences between how much cash is on hand and how much cash should be on hand.
  - The ticket taker must initial the form at the bottom verifying the ticket sales and cash amount before submitting to the Administrator in charge.
  - Any used tickets should be returned with the Event form to use as verification.
- A separate form must be completed for each person selling tickets.
- The Principal's Office shall:

3. Issue a receipt to the sponsor of the event.
4. Send a copy of the school event receipt form to the District Office Athletic Secretary with the first and last ticket. Include a copy as backup for the receipt when submitting transmittal.

## II. Activity Receipts

A three-part receipt book with pre-numbered receipts (sequence designated by District Office) must be used to issue **ALL** receipts for General Activity Funds by the Principal's Office.

- The receipt must be made out to the person (teacher, coach, student, parent, sponsor, etc.) remitting the money:
  - Receipts must be written clearly and legibly with a fine-point pen that will go through to the third copy.
  - Cardboard must be inserted to prevent writing from extending to other receipts below.

Receipts shall contain at a minimum:

1. Date of receipt (the date money was given to you).
2. Name of Remitter (teacher, coach, student, parent, etc.).
3. Amount of remittance.
4. Type of payment (cash, check, or both).
5. Description of what the money is for — be specific. Establish acronyms and be consistent — description will print on Marathon printouts.

6. Financial accounting code in entirety: Fund, GLC, Function, Program, Object.
7. Full signature of the person receiving money.

- All backup documentation must balance with the total on the receipt. Do not refund money from money collected; all refunds must be processed through accounts payable.
- Do not cash checks for anybody. All cash and checks must match receipt documentation.
- Issue a separate receipt for each type of money. *(Example: instructional fees and a candy sale would not be combined for the same teacher — write two receipts to the same teacher, one for the fundraiser and one for instructional fees.)*
- Issue a separate receipt for each person giving you money. Do not combine two or more teachers even though it may be for the same type of money.
- **Original white copy** goes to the person remitting the money (teacher, coach, student, parent, etc.).
- **Second yellow copy** shall be remitted to the business office weekly with the transmittal report.
- **Third pink copy** must remain in the bound receipt book and become a permanent record at the local school. The receipt book is subject to audit review and must be retained for the full retention period required by the State of Mississippi Records Retention Schedule for School Districts.
- Receipts shall not be written by the person who needs the receipt. (For example, if the secretary is paying a fee for their own child, another person must be designated to issue and sign the receipt.)
- If a receipt needs to be voided, do not scribble it out. Write "VOID" on the receipt and send the yellow copy with the transmittal to the Business Office.
- If some receipts were accidentally skipped, do not change the numbering and do not go back to use them later. Write "VOID" on the unused receipts, account for them on the transmittal with a note that they were not used in sequence, and send the yellow copy with the transmittal to the Business Office.
- Funds collected from teachers for teachers must not be deposited in school accounts.
- Receipts must be entered into the accounting software in the month they are received by the Business Office.
- The Business Coordinator will enter the monthly bank interest earned in each Activity Fund after reconciling the account.
- If a check is returned for insufficient funds, the bank will forward a legal copy of the check to CheckRedi for recovery:
  - If the person who wrote the check comes in to pay for the insufficient funds, direct them to CheckRedi.
  - If they insist on paying at the school, DO NOT RECEIPT IN THE MONEY. The money must be deposited separately on its own deposit slip. A notation must be made on the deposit slip that it is an NSF repayment.
  - Notify the Business Coordinator immediately and send the yellow copy of the deposit slip to the Business Office.
  - The Business Coordinator will notify CheckRedi that collection is no longer necessary.

## III. Deposits

- All receipts must be deposited daily.
- After-hours/night deposits should be taken to the bank in the issued locked bag and left until the next business day:
  - The School Secretary will pick up the bag the next day, open the locked bag, and count the cash.
  - A signed school event form should always accompany a night deposit.
  - The School Secretary will issue a receipt to the remitter who signed the school event form.
- Purchases/payments must not be made with money collected. All money collected must be receipted, deposited, and requisitioned back out to pay expenditures through Accounts Payable.
- Deposit slips must have the beginning receipt number through the ending receipt number written on the face. If receipt numbers are not sequential, each receipt number should be listed on the face of the deposit slip.
- Do not split a receipt between two deposit slips.
- Write the school name on the deposit slip.
- Deposit must show the cash amount and the amount of checks separately.
- An adding machine tape listing the amount of coins, currency, and checks — in this order — must accompany the deposit slip to the bank, along with checks stamped "For Deposit Only, [District Bank Account Name], [Bank Account Number]."
- The yellow copy of the deposit slip (in date order), the white copy stamped by the bank, the yellow receipt copies, and backup documentation must be sent to the Business Office at the end of each week with the transmittal report.

## IV. Transmittals

Transmittals are due to the Business Office weekly. The final transmittal for the month is due no later than 5 working days after the last working day of the month, regardless of what day of the week it falls on. Activity Funds are reported to the Board each month, as required by the State Department of Audit.

1. Complete the transmittal in its entirety. The GL Code should always be 800 unless the receipt is for redeposited athletic change, in which case the GL Code will be 103.
2. Include any voided receipts. Receipts should be listed in numerical order.
3. Complete the function recap at the bottom of the transmittal.
4. Include the yellow copy of receipts in receipt number order and attach them to the corresponding yellow deposit slip and white slip stamped by the bank.
5. Receipt documentation must be attached to receipts — includes money collection form, school event form, field trip collection form, store/concessions sales form, check copies, etc. Documentation must balance with receipt.
6. Run adding machine tape of deposit slips in date order. Tape total should equal Transmittal total.
7. Receipts, deposits, and the detailed receipt report must balance before sending to the Business Office.
8. **Do not mix months on the transmittal.** If the last day of the month falls on a Wednesday, only show Monday through Wednesday on the last transmittal and start a new transmittal for Thursday.

# Activity Fund Transmittal Calendar

## FY 2026–2027

Transmittal reports are due weekly. Transmittals for the last week of the month are due to the Accounting Specialist by the following dates:

| | |
|---|---|
| **June Transmittal (FY26) –** July 08, 2026 | **January Transmittal –** February 05, 2027 |
| **July Transmittal –** August 07, 2026 | **February Transmittal –** March 05, 2027 |
| **August Transmittal –** September 08, 2026 | **March Transmittal –** April 09, 2027 |
| **September Transmittal –** October 07, 2026 | **April Transmittal –** May 07, 2027 |
| **October Transmittal –** November 06, 2026 | **May Transmittal –** June 07, 2027 |
| **November Transmittal –** December 07, 2026 | **June Transmittal (FY27) –** July 08, 2027 |
| **December Transmittal –** January 11, 2027 | |

### Transmittal Reports Should Include:

**Receipts:**

- Yellow copy of receipts and all documentation required (check copies and money collection forms) — attach documentation to the receipt. **Put in receipt number order.**
- Yellow copy of deposit slips together with the white bank receipt slip with receipt numbers and your school initials written on them. Put in date order. Run a tape. Receipt totals should match the deposit slip. Deposit slip totals should match Transmittal total.
- Transmittals must be recapped by function.

> **Accuracy Reminder**
> Accuracy is essential. Staff are responsible for the completeness and correctness of all transmittal submissions. You are accountable for your work.

# V. Disbursements

## Purchasing Guidelines

- Activity funds must adhere to the same purchasing guidelines as all other expenditures.
- All expenditures shall have an approved purchase order before orders are made.
- We do not operate petty cash funds. All disbursements must be made using pre-numbered checks through Accounts Payable.
- The Revenue and Expenditure budgets of all Activity Funds will be projected during the Fiscal Year Budgeting process. Expenditure budgets will be reviewed periodically. Available cash will be verified when requisitions are entered.

> ⚠ Activity Funds were designed for the purpose of the student. The State Department of Audit is firm on this precept.

## Allowable Activity Fund Purchases

Per the State Audit Manual, activity funds may be expended for:

- Necessary expenses or travel costs incurred by students and chaperones attending in-state or out-of-state school-related programs, conventions, or seminars.
- Commodities, equipment, purchased services, or school supplies deemed beneficial to the official or extracurricular program of the district.
- Items that may subsequently become personal property of individual students, including yearbooks, athletic apparel, book covers, and trophies.
- Travel expenses of school district personnel.
- Maintenance of buildings and grounds only if it is a student project.
- Student incentives *(not monetary rewards and not gift cards)*.
- Instructional supplies for the classrooms.
- Equipment if deemed for the benefit of the students.
- Travel for students and their chaperones (including advances) attending any in-state or out-of-state (board-approved) school-related programs, conventions, or seminars.
- Purchased services if deemed for the benefit of the students.
- Staff development including meals (must provide a copy of the agenda and staff sign-in sheet).

## Un-Allowable Activity Fund Purchases

- Gift cards.
- Coffee for staff (except for staff development meetings).
- Staff appreciation dinners, awards, etc.
- Voluntary worker appreciation dinners, recognition, or awards.
- Flowers for staff (sickness, deaths in family, secretary's day, etc.).
- Pass-Through Donations — fundraisers or donations for individuals not meeting state law criteria. Donations for disaster relief or programs such as Angel Tree are not allowed. However:
  - Donations can be made on behalf of or in connection with a tax-exempt 501(c)(3) organization (excludes churches).

  - The approved fundraiser request must indicate funds are being raised in conjunction with the tax-exempt organization.
- Scholarship funds or payments. Scholarships must be paid directly to recipients by the outside organization (e.g., Coca-Cola or Kiwanis) and not handled through school funds.
- Any type of employee compensation — all salary must be paid through District Office payroll for tax withholding and reporting.
- Paying a bus driver directly from Activity Funds.
- Paying an employee for extra time from Activity Funds.

## Refunds to Parents

- State the reason for refunds in the body of the requisition; code the requisition against the revenue originally used when money was received.
- A copy of the original receipt or money collection form showing where the student initially made a payment, along with the reason for the refund, will be used as the invoice.

## Common Disbursements and Coding

- Use function 1910 for all athletic related activities.
- Use function 1920 on requisitions for non-athletic activities.
- Use object 810 for field trip admissions and object 442 for charter bus rental.
- Use object 610 for student incentive expenditures.

## Athletic Cash Change

- Use code 11xx-103-0000-501-000-XX for athletic cash change.
- A Request for Athletic Custodial Change form should be completed and signed by both the Athletic Director and Principal.
- The claim should be payable to the person designated by the Athletic Director or Principal.
- The designated custodian of change will pick up the check from the Accounts Payable office and must sign the Athletic Custodial Change form indicating responsibility.
- Upon redeposit, the change should be receipted back to the same code used to write the check.

## Athletic Meals

- Use object 610 for meals before or after <u>home</u> games.
- For away games, use object 581 for meals.
- The requisition for athletic meals must be written to the restaurant.
- A receipt for the meal and copy of the purchase order must be submitted to Accounts Payable within three (3) days of the meal date.
- The receipt should equal the amount of the purchase order.
- If the receipt was less than the purchase order, a copy of the receipt issued by the School Secretary for the change from the restaurant must also be submitted to Accounts Payable.

### Statewide Athletic Pass Request

- All passes are $40.
- Superintendents, Assistant Superintendents, Athletic Directors, Principals, Assistant Principals, Band Directors, Choral Directors, Cheerleader/Dance Sponsors, Coaches, and all spouses of those listed must apply through DragonFly to receive a statewide pass.
- The DragonFly app must be on their cellphone to enter the gates.
- Please see the MHSAA Handbook for complete instructions for both new and renewal pass applications.

### Athletic Gate Workers and Extra Security

- Athletic Extra Duty and Security is not paid through Activity Funds due to tax reporting and withholding; however, the cost is reimbursed to GCSD.
- The Business Office will send an invoice to the Athletic Director. The secretary will process the reimbursement as a Direct Pay using transfer out function 7120 and object 990.
- The check will be deposited in District Maintenance with the transfer in function 6720.

### Budget Amendments

- All deposits appear on the budget line with function 1920 and object 610. If needed elsewhere within the program, a budget amendment should be submitted electronically in Marathon.
- **Amendments cannot be made between different program codes** since each program has its own cash code. If funds are needed in a different program code, an Activity Request for Inter-Program Funds Transfer Form must be submitted to the Business Administrator. If approved, a journal entry and budget amendment will be made.

## VI. Fundraisers

- All fundraising events must be board approved before the fundraising event begins.
- This applies to school-sponsored fundraisers and outside organizations, such as PTO/PTA and Booster Clubs.
- Fundraisers include:
  - Collection of funds to make a profit for the benefit of students.
  - Collection of funds to donate to a 501(c)(3) organization.
- Workbook fees and Activity Fees shall be board approved every year by submitting the Activity Fee Approval Form to the Superintendent's office.
- Instructional fees are subject to the Hardship Waiver policy.
- Schools shall complete the Fundraising Request Form:
  - The request form must be completed in its entirety.
  - If the fundraiser includes the sale of food items during the school day, the form must be approved by the Child Nutrition Director.
  - Once the fundraising request is approved by the principal, the form should be submitted to the Superintendent's office for approval by both the Superintendent and Board.
  - The school will receive notification from the Superintendent's office once the Board approves the fundraiser.

- After the fundraiser is complete, the fundraising coordinator must complete and submit a Fundraiser Reconciliation Report to the Principal:
  - The Principal should review and sign the report to evaluate the fundraiser's success.
  - The completed form should be submitted to the Accounts Payable Clerk within five business days of the completion of the fundraiser.
- All funds from a school fundraiser must be deposited into the school's activity fund.
- Funds from an outside organization-sponsored fundraiser will not be deposited by the school.
- For sales and rentals to students used as a fundraiser, a disclosure statement must be made available which states: "Notice, this sale is being conducted as a fundraising event and a portion of the sales price will be contributed to the local student activity fund."
- School employees must not serve as treasurers or handle any money for outside organization-sponsored fundraisers.
- Concession stands for school events and athletic events not run by Booster Clubs must also complete a Resale Items Inventory Reconciliation report or a Snack Sales Tally Sheet after each event or season.

## VII. DragonFly

- DragonFly is used to pay our Middle and High School athletic officials.
- The DragonFly account will be replenished electronically.
- To add funds to the DragonFly account, a DragonFly Request to Transfer Funds form should be completed and signed by the Athletic Director using code FUND-103-0000-PROG.-000-XX as the expense code.

  Journal Entry: Debit Fund-103 / Credit Fund-101
- Upon receiving the signed request, the Business Coordinator will transfer the funds.
- Funds take 48 to 72 hours to transfer from the General Activity Bank account to the DragonFly account.
- Payments to officials will be made electronically within two business days after the game:
  - Athletic Directors (AD) or designee will see who is assigned in DragonFly and print vouchers for each official to sign at the game.
  - After the game, the school secretary will forward the voucher to the Athletic Director at the District Office.
  - The AD will sign the vouchers, approve them to be paid in DragonFly, and forward the voucher to the Accounts Payable Clerk.
  - The Accounts Payable Clerk will verify that the signed voucher matches the information in DragonFly and submit for electronic payment.
  - If an alternate official shows up, the AD must contact the assignor to remove the original official and input the actual official who worked. The alternate official cannot be paid until the assignor makes this change.
  - Only officials assigned through DragonFly will be paid.
- Once a month the Business Coordinator will run a DragonFly report and create a journal entry to record payments made to officials.
- If DragonFly funds need to be replenished, a new request will be submitted.
- A spreadsheet will be sent to the Athletic Director for the middle and high school at year end or sooner if requested.
- The DragonFly account, spreadsheets, and general ledger should always reconcile with each other at the end of the month.

# VIII. Field Trips

Field trips are requested and approved by submitting a Field Trip Request Form to the Superintendent's office. All overnight trips require School Board approval.

- The Superintendent's office forwards the form to the Transportation Department to check if a bus is available. The Transportation Department must have a roster and seating chart before the Bus Permit Form will be issued.
- If approved, the form will be returned to the Superintendent's office.
- The Superintendent's office will approve or disapprove the trip and send a copy to the schools, unless board approval is needed for an overnight trip.
- A Bus Permit Form is created by the Transportation Department and given to the assigned bus driver.
- After the trip, the bus driver will complete the Time Sheet section and the Odometer Reading, and give the Bus Permit Form to the school for sponsor and principal signatures.
- The school should then send the form to the Transportation Office.
- The Transportation Office will process extra duty pay for the bus driver.
- The Transportation Department should send a copy of <u>all</u> trip forms to the Accounting Specialist at the Business Office.
- The Accounting Specialist will invoice schools for reimbursement.
- Every Activity field trip using a bus and bus driver must be reimbursed to GCSD, regardless of internal or external funding source. Exceptions include Athletic, Band, JROTC, and CTE *required* trips – however, Band, JROTC and CTE *regular field trips* must still be reimbursed.

**Field Trip Reimbursement Rates**

Reimbursement is $2.00 per mile driven (subject to change upon Board approval), plus the driver's salary of $16.00, plus FICA and Workers' Compensation.

Note: FICA and Workers' Compensation rates are subject to change.
The Business Office will update Field Trip forms and send an email notification when and if any rates change.

- **For all employees:** if time will be missed from their primary job/position, a professional leave form must be submitted in order for a leave record to be entered.
- **If a chartered bus is to be used:** their contract must be Superintendent-approved prior to travel. All funds are paid to the chartered bus company after the trip.
- **Requisitions:** An approved Field Trip Request Form should be attached in Marathon for all field trip-related expenditures. Trip details including the date, group, and approval date should be included in the requisition. Include in the requisition top section as well as a line item in the requisition body.
- **Field trip meals:** if at all possible, choose a vendor that accepts purchase orders. If a purchase order is not accepted, custodial cash can be requested using the Request for Field Trip Custodial Cash form.
  - The claim should be payable to the person designated by the Principal.
  - The designated custodian of change will pick up the check for student meals from the Accounts Payable office and must sign the Custodial Cash request form indicating responsibility.

- All receipts and change must be turned in to the school secretary upon returning from the field trip.
- The change should be receipted back to the same code used to write the check.
- The school secretary should upload a copy of the receipts to the claim in Marathon and send the receipts to the Accounts Payable department to be attached to the original vendor claim.

**Field Trip Payment Policies:** The practice of **only accepting cash** for field trip payments **is not allowed**. We are required to offer parents more than one payment option. We accept cash, check, and money orders. Limiting payments to cash creates several concerns:

- **Lack of financial transparency** — Cash-only collections increase the risk of funds being lost, mishandled, or unaccounted for.
- **Potential audit findings** — Our auditors specifically question cash-only transactions because they limit accountability and create opportunities for fraud or misappropriation.
- **Compliance and internal controls** — District policy requires proper documentation and traceability of all funds collected from students and parents. Cash-only payments do not meet those standards.

Please ensure that **all communication to parents reflects multiple acceptable payment methods.**

Field trip payments are Non-Refundable, unless the trip is canceled by the school.

- Going forward, please ensure that **all communication to parents clearly states that payments are Non-Refundable.**

- Money collected for a field trip should be recorded on the Class Field Trip Collection Sheet or Money Collection Sheet. Money should be turned in to the school secretary **daily.** Forms are available at: https://www.gcsd.us/business-office-gcsd-forms
- See district policy IFCB (Field Trips) for further guidance.

## Records Retention

All activity fund records — including receipt books, transmittals, deposit slips, money collection forms, reconciliation reports, and supporting documentation — must be retained in accordance with the State of Mississippi Records Retention Schedule for School Districts, as published and updated by the Mississippi Department of Archives and History.

Staff responsible for activity fund records should familiarize themselves with the applicable retention periods for each record type. Records must not be destroyed before the applicable retention period has passed, board approval had been received, and must be made available upon request during audits or reviews by the State Department of Audit.

> **Records Retention Reference**
>
> Refer to: State of Mississippi Records Retention Schedule for School Districts (Mississippi Department of Archives and History).
>
> Contact the Business Office with any questions about applicable retention periods.

# X. Forms

Required forms are inserted at the end of this section. All forms are also available for download from the GCSD Business Office website:https://www.gcsd.us/business-office-gcsd-forms

2026-2027

## George County School District

### Money Collection Sheet

Teacher's Name: _____ Room # _____

Activity: _____ Date: _____

Fundraiser/Fees: _____ Date Approved _____

List each student's information completely. All checks collected must have a check number listed.
All monies collected must be listed and this list must be turned in with the money to the office *daily*.
No money will be accepted without this list.

| Date | Student's Name | Amount Received | Cash or Check? | Check# |
|---|---|---|---|---|
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| | | | | |
| | **Total:** | $ 0.00 | | |

Receipt # _____ Secretary Signature _____ Date _____

2026-2027

# GEORGE COUNTY SCHOOL DISTRICT
## RESALE ITEMS INVENTORY RECONCILIATION
### School Stores/Snack Sales

School _____ For the month ended: _____

| Description of Items For Sale | Beginning of the month Inventory A Number of items for sale | B Cost per item | C Inventory Value (A x B) | Purchases during month D # of Items Purchased during month | E Cost per item | F Total purchase cost (D x E) | Sales during month G # of Items Sold | H Sale Price | I Total Sales (G x H) | J Total Inventory Sold (G x B) | Ending Inventory K Number of items for sale (A+D-G) | L Cost per item | M Ending Inventory Value (K x L) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXAMPLE: SALTED PEANUTS | 10 | $0.35 | $3.50 | 32 | $0.35 | $11.20 | 20 | $0.50 | $10.00 | $7.00 | 22 | $0.35 | $7.70 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| | | | $0.00 | | | $0.00 | | | $0.00 | $0.00 | 0 | | $0.00 |
| **Monthly Totals** | 0 | | $0.00 | 0 | | $0.00 | 0 | | $0.00 | $0.00 | 0 | | $0.00 |

| *(FORMULAS ARE ALREADY SET)* | # Items | Value |
|---|---|---|
| Beginning Inventory | 0 | $0.00 |
| Add Items Purchased | 0 | $0.00 |
| Less Ending Inventory Value | 0 | $0.00 |
| Equals Items/Value Sold | 0 | $0.00 |

| | |
|---|---|
| Total Monthly Sales | $0.00 |
| Divided by total item cost | $0.00 |
| Equals Profit Margin/Loss | #DIV/0! |

Actual deposits made: _____

**If deposit does not equal total sold (J) or if ending inventory amount (M) differs from the actual physical inventory please state reason below:**

_____

_____

_____

_____

_____

# Snack Sales - Tally Sheet

Beginning Inventory Count: _____ A
# Purchased: _____ B
Total Available: 0 C = A + B
Ending Inventory Count _____ D (Enter as a negative)

# of Items Sold: 0 E = C - D

Price per item _____

Date _____

Deposit Amount (# sold X price per item) $ 0.00

Beginning Inventory Count: _____ A
# Purchased: _____ B
Total Available: 0 C = A + B
Ending Inventory Count _____ D (Enter as a negative)

# of Items Sold: 0 E = C - D

Price per item _____

Date _____

Deposit Amount (# sold X price per item) $ 0.00

Beginning Inventory Count: _____ A
# Purchased: _____ B
Total Available: 0 C = A + B
Ending Inventory Count _____ D (Enter as a negative)

# of Items Sold: 0 E = C - D

Price per item _____

Date _____

Deposit Amount (# sold X price per item) $ 0.00

Beginning Inventory Count: _____ A
# Purchased: _____ B
Total Available: 0 C = A + B
Ending Inventory Count _____ D (Enter as a negative)

# of Items Sold: 0 E = C - D

Price per item _____

Date _____

Deposit Amount (# sold X price per item) $ 0.00

2026-2027

# Athletic School Event Receipt Form

School Name: _____

Event: _____ Gate: _____
*i.e Home Gate/Visitor*

Event Date: _____

Cash Delivered: $ _____ To: _____
*Gate Worker's Name (please initial)*

---

**Tickets Checked Out:**

| | | | | |
|---|---|---|---|---|
| Reserved Tickets | Numbers from | _____ | to | _____ |
| General Admission | Numbers from | _____ | to | _____ |
| Adult Tickets | Numbers from | _____ | to | _____ |
| Student Tickets | Numbers from | _____ | to | _____ |

Change Cash and Tickets Delivered To: _____
(Gate Worker's Signature) (Date)

---

**Tickets Sold:**

| | | | | |
|---|---|---|---|---|
| Reserved Tickets | Numbers from | _____ | to | _____ |
| General Admission | Numbers from | _____ | to | _____ |
| Adult Tickets | Numbers from | _____ | to | _____ |
| Student Tickets | Numbers from | _____ | to | _____ |

| | # of Tickets Sold | | Price Per Ticket | | Amount |
|---|---|---|---|---|---|
| Reserved Tickets | _____ | X | $ _____ | = | $ _____ |
| General Admission | _____ | X | $ _____ | = | $ _____ |
| Adult Tickets | _____ | X | $ _____ | = | $ _____ |
| Student Tickets | _____ | X | $ _____ | = | $ _____ |

**Total Cash From Ticket Sales** $ _____

---

**Tickets Returned:**

| | | | | |
|---|---|---|---|---|
| Reserved Tickets | Numbers from | _____ | to | _____ |
| General Admission | Numbers from | _____ | to | _____ |
| Adult Tickets | Numbers from | _____ | to | _____ |
| Student Tickets | Numbers from | _____ | to | _____ |

Cash Received from Gate Worker $ _____

Less: Change Cash $ _____

Total Cash From Ticket Sales $ _____

Receipt Number _____ dated _____ Issued to (Gateworker) _____

By _____ In the amount of $ _____
*Person writing receipt*

Notes: _____

_____

I verify this report to be correct: _____ _____
Game Administrator Date

_____ _____
School Principal Date

2026-2027

# George County School District
## Elementary Basketball Ticket Sales

Pre-numbered tickets shall be used at all extracurricular events for which a fee is charged for admission and it is anticipated that the event will generate gross receipts of more than $100. *(MS Accounting Manual)* **Please include the first and last ticket with form.**

_____ Event

_____ Event Date

Starting Ticket No. _____

**After game:** Next Available Ticket No. _____

No. Tickets Sold:
*(Next available ticket # minus starting #)* _____

_____ Ticket Price X _____ No. Tickets Sold = _____ $ 0.00

Change + _____

Total = _____ $ 0.00

_____
Teacher/Sponsor Signature

_____
Secretary Signature

_____
Principal's Signature

Receipt # _____

Amount: _____

Deposit Date: _____

2026-2027

# George County School District
## Extracurricular Event Ticket Sales

Pre-numbered tickets shall be used at all extracurricular events for which a fee is charged for admission and it is anticipated that the event will generate gross receipts of more than $100. *(MS Accounting Manual)*

_____ Event

_____ Event Date

Starting Ticket No. _____

Next Available Ticket No. _____

No. Tickets Sold: _____

_____ Ticket Price X _____ No. Tickets Sold = $ 0.00 _____

Starting Change + _____

Total = $ 0.00 _____

_____
Teacher/Sponsor Signature

_____
Secretary Signature

_____
Principal's Signature

Receipt # _____

Receipt amount _____

Deposit Date _____

# General Activity Transmittal Report

2026-2027

## Receipt Summary Sheet

**School Name:** _____

**Principal:** _____

**Week Ending:**

| Date | Receipt Number | Receipted For/From: | Fund Code | GL Code | Function Code | Activity Prog. Code | School Code | Amount |
|---|---|---|---|---|---|---|---|---|
| | | | | 800 | | | | |
| | | | | 800 | | | | |
| | | | | 800 | | | | |
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| | | | | 800 | | | | |
| | | | | | | | TOTAL | $0.00 |

NOTE: This schedule must be recapped by function. Deposit slips, receipts, and check copies must be attached.

| | | | | | |
|---|---|---|---|---|---|
| Admission Fees (athletic games, pageants, etc.) | 1711 | | $0.00 | | |
| Bookstore Sales | 1721 | | $0.00 | | |
| Extracurricular Fees | 1731 | | $0.00 | | |
| Misc. & Resale | 1791 | | $0.00 | | |
| Donations | 1920 | | $0.00 | | |
| Instructionals Fees & Sales (lab, workbook, etc.) | 1940 | | $0.00 | | |
| Change Redeposit | 0 | | $0.00 | | |
| | | TOTAL BY FUNCTION: | | | $0.00 |

# General Activity Transmittal Report

2026-2027

## COVER SHEET

George County School District

SCHOOL NAME

*I verify this Transmittal Report is accurate in all respects.*

PRINCIPAL SIGNATURE

DATE

FOR THE WEEK ENDING

George County School District • General Activity Transmittal Report • 2026-2027

2026-2027

## GEORGE COUNTY SCHOOLS
## REQUEST FOR REPAYMENT OF ATHLETIC STARTUP FUNDS

**School Name** _____ **Date** _____

**Repayment amount** _____ **Fund & Program #** _____

**Requested By** _____

**Description of Need** _____

_____

**Approved By** _____ _____

Athletic Director Signature Principal/Director Signature

***District Office use only***

**J/E request submitted** _____

**Date cash transferred** _____

2026-2027

# GEORGE COUNTY SCHOOL DISTRICT

## REQUEST FOR ATHLETIC CUSTODIAL CHANGE

**Requested by** _____ **Date** _____

**Amount Requested** _____ **Fund & Program #** _____

**Athletic Event** _____ **Event Date** _____

**Approved By** _____ _____

Athletic Director's Signature Principal's Signature

**Received by:**

***I understand that I am responsible for the safeguarding of these funds until they are deposited according to district procedures.***

**Athletic Change Custodian Name:** _____ **Custodian Signature** _____

**Date** _____

---

**Date Redeposited** _____ **Receipt #** _____

2026-2027

# GEORGE COUNTY SCHOOL DISTRICT

## REQUEST FOR TRANSFER OF FUNDS TO DRAGONFLY ACCOUNT

School Name _____ Date _____

**Transfer Details:**

| | | | |
|---|---|---|---|
| GCMS Athletic Misc. | 1154-103-0000-501-000-14 | Amount | $ |
| GCHS Athletic Misc. | 1152-103-0000-501-000-12 | Amount | $ |
| Baseball | 1152-103-0000-502-000-12 | Amount | $ |
| Basketball | 1152-103-0000-526-000-12 | Amount | $ |
| Football | 1152-103-0000-508-000-12 | Amount | $ |
| Soccer | 1152-103-0000-519-000-12 | Amount | $ |
| Softball | 1152-103-0000-521-000-12 | Amount | $ |
| Volleyball | 1152-103-0000-561-000-12 | Amount | $ |
| Other: _____ | | Amount | $ |
| | | **Total:** | $ 0.00 |

Approved By _____ _____
Athletic Director Signature Date

*District Office use only*

Date transfer submitted to Dragonfly _____ Date transfer completed _____

J/E completed _☐_ Budget Amendment completed _☐_

2026-2027

## Activity Request for Inter-program Funds Transfer

This is to request the transfer of $_____ from the _____

account to the _____account due to the following reason:

_____

_____

Releasing Sponsor's Signature:_____ Date_____

Receiving Sponsor's Signature:_____ Date_____

Principal/Director's Signature:_____ Date_____

---

**Business Office Section**

**Releasing Program:**

Debit Expense GL _____

Credit Cash GL _____

Budget Amended ☐

**Receiving Program:**

Debit Cash GL _____

Credit Expense GL_____

Budget Amended ☐

Completed By:_____ Date_____

School Name _____ Year: 2026-2027 Board Approved Date: _____

**SCHOOL CHARGED WORKBOOK AND OTHER ACTIVITY FEES**
**REQUEST FOR SCHOOL BOARD APPROVAL**

I hereby submit for approval the following workbook and other fees:

| Name of Workbook or Fee | Actual Cost | Grade Subject or Activity | Necessary for Promotion Credit or participation? Yes/No | State Extracurricular Purpose or Valid Educational Curriculum Objective | Approved or Disapproved |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |

Principal Signature _____ Date: _____

Superintendent Signature _____ Date: _____

** CONFIDENTIAL **
FINANCIAL HARDSHIP WAIVER APPLICATION

To apply for financial hardship waiver, carefully complete this form and return to _____. If you need help with this form, please call _____.

Student Name _____

School _____

Student ID Number _____ Dollar amount for this waiver $ _____

Explain in detail your reason for applying for this waiver:

_____

_____

_____

LIST ALL HOUSEHOLD MEMBERS MONTHLY INCOME

| Name of Adults | SSN | Monthly Earnings From All Work Before Deductions | Monthly Welfare payments, Child Support and/or Alimony | Monthly Payments From Pensions, Retirement, Social Security | All Other Income Received Last Month |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Name of Children, Age & School

| Name | Age | School | |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Total Monthly Income $_____

Do you receive food stamps? _____ Food Stamp Case Number _____

Do you receive AFDC? _____ AFDC Case Number _____

List any and all other aid you receive from any source:

_____

_____

What is your relationship to student? _____

CERTIFICATION

This application is made with full knowledge that the law provides penalties for making false statements or concealing material facts to obtain the benefits of this waiver.

_____ _____
Signature Home Address

_____ _____ _____
Printed Name of Parent / Guardian Home Telephone Work Telephone

Date Signed _____

==========

OFFICIAL USE ONLY

Approved ☐ Disapproved ☐ By: _____ Date: _____

Information verified by: _____ Date: _____

**2026-2027**

# FUNDRAISER REQUEST

**Must be submitted for Board approval prior to event**

***Note:** Post-Activity Reconciliation Report must be completed within 5 working days from the conclusion of the fundraiser.*

School _____ Sponsor _____
(First and Last Name Required)

Organization, Class, Etc._____ Booster Club/PTO ☐ or School Account ☐

Description of fundraiser (*if other than sales, provide dates of activity on line below*)

_____

Purpose of Fundraiser (What will funds be used for; must be specific):

_____

Educational value_____

Estimate of Total Profit $_____

Is the fundraiser food/snack related? ☐ YES or ☐ NO

Will the food/snack be sold during school hours to students? ☐ YES or ☐ NO

Will the food/snack be sold after school hours? ☐ YES or ☐ NO

Will the food/snack be sold on campus to Adults Only? ☐ YES or ☐ NO

Does food/snack meet Smart Snacks in School guidelines? ☐ YES or ☐ NO

**Sale of food items during the school day must be submitted to Child Nutrition Director**

Name of Company/Vendor _____

***Sales:***

| Items to be Sold (Provide Description) | Wholesale Price | Retail Price | Beginning Date of Sales | Ending Date of Sales |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Per MS Accounting Requirements: Fundraising activities as part of the sale or rental of items to students (including school pictures, graduation invitations, and cap and gown rentals) must include a disclosure statement that reads *"NOTICE. This sale is being conducted as a fundraising event. A portion of the sales price will be contributed to the local student activity fund."*

Sponsor's Signature _____

Principal's Approval _____ Date _____
(Signature required)

For District Office Use Only

Date Received _____ by_____

Child Nutrition Director Review (if applicable) ☐ Approved ☐ Denied _____
Signature

Superintendent's or Designee's Review for Agenda ☐ Approved ☐ Denied _____
Signature

Presented to School Board for Approval: _____

2026-2027

# George County School District

## Fundraiser Reconciliation Form

**INSTRUCTIONS:** Within five working days of the completion of the fundraiser a post-activity reconciliation must be made. Complete reconciliation report below and forward to business office.

School _____ Class, Group, etc. _____

Fundraising Activity _____ Held From _____ to _____

Students/sponsors who participated: _____

**Revenue:**

| | |
|---|---|
| Selling Price (per unit) | $ _____ |
| Quantity of Units Sold | _____ |
| Total Sales *(unit price times quantity)* | $ 0.00 |
| Donations | $ _____ |
| **Total Revenue** *(sales plus donations)* | $ 0.00 |

**Cost of Goods Sold:**

| | | |
|---|---|---|
| Purchases *(include shipping & sales tax)* | -$ _____ | *(Enter Purchase Cost as a negative and Credits as a positive.)* |
| Less: Credits/Returned items | $ _____ | |
| Cost of Goods Sold Total | -$ 0.00 | |
| **Net Profit** *(Total Revenue less Total Cost)* | $ 0.00 | |

**Purchase Order Numbers:** _____

**Receipt Numbers:** _____

**General Ledger Code:** _____

Comments: _____

_____

(List any student not returning money or product(s) and amount(s) or any modifications above.)

**Sponsor's Signature:** _____ **Date:** _____

**Principal's Signature:** _____ **Date:** _____

2026-2027

# George County School District
## Request for Crowdfunding Project

School: _____ Date Submitted: _____

Grade/Program: _____

Teacher(s): _____

Website: _____

Description of Project (Please be Specific):

_____

_____

Estimated Project Cost: _____

It is understood that:

a. Projects must be approved by the appropriate personnel before posting on the crowdfunding website.
b. Monetary projects that will be administered through the school's accounting system must have an end date no later than March 15 of each year.
c. All items received/purchased through crowdfunding projects are the property of George County Schools and all inventory procedures apply.
d. Teachers/employees must comply with student privacy and other requirements set out in the Family Educational Rights and Privacy Act (FERPA). Thus, student images, names and descriptions which would cause students to be identifiable or would allow logical deductions about disabilities or other factors deemed to be within the student sphere or privacy must not be used on such websites or elsewhere, unless written, parental permission is secured in advance.

I have read and understand and will abide by all George County School Board policies and procedures.

Teacher Signature: _____

Building Administrator's Signature: _____

Technology Signature (if applicable): _____

CFO Signature (if monetary): _____

Superintendent or Designee Signature: _____

**FIELD TRIP REQUEST FORM 2026-2027**

GEORGE COUNTY SCHOOLS
MRS. DEBRA D. JOINER, SUPERINTENDENT
494 COWART STREET
LUCEDALE, MS 39452
(601) 947-6993 FAX: (601) 921-4506

TODAY'S DATE_____ DATE OF TRIP_____ OVERNIGHT ___YES ___NO
OUT OF STATE ___YES ___NO

**ALL OVERNIGHT AND/OR OUT OF STATE TRIPS MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO TRIP**

NEXT BOARD MEETING DATE:_____

SCHOOL_____ ORGANIZATION/GRADE_____

BUS REQUIRED:____ (YES OR NO) NUMBER OF BUSES REQUIRED_____ NUMBER OF STUDENTS _____

IF NO DISTRICT BUS IS REQUIRED, TRANSPORTATION TO BE USED? _____

*BUS DRIVER REQUESTED_____ (PLEASE SEE NOTE BELOW)

***(IF NO BUS DRIVER IS REQUESTED, ONE WILL BE ASSIGNED. ONCE A DRIVER IS ASSIGNED, YOU WILL NOT BE ABLE TO CHOOSE ONE).**

TIME/DATE OF DEPARTURE_____ TIME/DATE OF RETURN_____

NUMBER OF SCHOOL DAYS MISSED _____ESTIMATED COST TO DISTRICT $_____

COST PAID BY (EXPLAIN) _____

NUMBER OF SUBS REQUIRED _____ X _____NUMBER OF DAYS REQUIRED; PAID BY _____

EVENT_____
(EX: STATE COMPETITION, TOUR OF CAPITOL, ETC.)

DESTINATION _____
(EX: BILOXI COLISEUM, STATE CAPITOL, ETC. (CITY, STATE)

TRAVEL ROUTE_____
_____

SPONSOR(S) NAME & SIGNATURE
_____
_____
_____
_____

CHECKLIST:
___ APPROPRIATE EDUCATION VALUE
___ COMPLETE LESSON PLAN
___ LIST OF PARTICIPANTS
___ SIGNATURES OF ALL NECESSARY PARTIES

PRINCIPAL'S APPROVAL_____ **(SIGNATURE REQUIRED)**

---

**FOR DISTRICT OFFICE USE ONLY**

DATE RECEIVED _____ BY ____

SUPERINTENDENT OR DESIGNATED EMPLOYEE APPROVAL _____

BUS NUMBER(S) AND DRIVER(S): PRESENTED TO BOARD FOR APPROVAL _____

_____

_____ TRANSPORTATION DIRECTOR APPROVAL_____

**FIELD TRIP REQUEST FORM 2026-2027**

GEORGE COUNTY SCHOOLS
MRS. DEBRA D. JOINER, SUPERINTENDENT
494 COWART STREET
LUCEDALE, MS 39452
(601) 947-6993 FAX: (601) 921-4506

## LESSON PLAN

1. STATE THE OBJECTIVE(S) OF THE TRIP.

2. HOW DOES THE TRIP RELATE TO AN INSTRUCTIONAL UNIT?

3. LEARNER ACTIVITIES

4. HOW WILL THE TRIP BE EVALUATED IN TERMS OF EDUCATIONAL IMPACT?

5. PRINCIPAL'S COMMENTS (JUSTIFY THE EDUCATIONAL BENEFIT)

**FIELD TRIP REQUEST FORM 2026-2027**

GEORGE COUNTY SCHOOLS
MRS. DEBRA D. JOINER, SUPERINTENDENT
494 COWART STREET
LUCEDALE, MS 39452
(601) 947-6993 FAX: (601) 921-4506

## LIST OF PARTICIPANTS

1. LIST ALL ADULTS WHO WILL TAKE PART (SCHOOL PERSONNEL, PARENTS, OTHERS) **ALL CERTIFIED STAFF WHO ATTEND FIELD TRIP MUST COMPLETE A *PROFESSIONAL LEAVE APPLICATION*.**

2. LIST ALL STUDENTS WHO WILL PARTICIPATE: **ALL STUDENTS WHO PARTICIPATE MUST COMPLETE A *GCSD PARENTAL CONSENT TO STUDENT EDUCATIONAL ACTIVITY AND RELEASE FROM LIABILITY* FORM.**

**FIELD TRIP REQUEST FORM 2026-2027**

GEORGE COUNTY SCHOOLS
MRS. DEBRA D. JOINER, SUPERINTENDENT
494 COWART STREET
LUCEDALE, MS 39452
(601) 947-6993 FAX: (601) 921-4506

| Bus # | Group Transported | | Date of Trip | Teacher in Charge |
|---|---|---|---|---|
| | | | | |

| Driver's Side (Left) | | | Passenger's Side (Right) | |
|---|---|---|---|---|
| 1 | | | 2 | |
| 3 | | | 4 | |
| 5 | | | 6 | |
| 7 | | | 8 | |
| 9 | | WALKWAY | 10 | |
| 11 | | | 12 | |
| 13 | | | 14 | |
| 15 | | | 16 | |
| 17 | | | 18 | |
| 19 | | | 20 | |
| 21 | | | 22 | |
| 23 | | | 24 | |
| 25 | | | 26 | |

**FIELD TRIP REQUEST FORM 2026-2027**

GEORGE COUNTY SCHOOLS
MRS. DEBRA D. JOINER, SUPERINTENDENT
494 COWART STREET
LUCEDALE, MS 39452
(601) 947-6993 FAX: (601) 921-4506

## FIELDTRIP INFORMATION

During the school year, various school-sponsored trips will be planned in conjunction with activities, which are characteristic of the total school program. In the interest of proper communication between all parties concerned with these special trips, the following guidelines are required:

A. Bus Driver Rate of Pay:
   1. $16.00 per hour from the time the bus leaves the school campus until the bus returns to the school campus.
   2. Plus: 7.65% FICA and 2.65% Worker's Comp

B. Mileage Rate:
   1. The mileage rate for buses is $2.00 per mile.

C. Submit all fieldtrip requests to Susan Moore at the District Office
   1. Fieldtrip request should be filled out completely.
   2. Fieldtrip request will be returned to the school once it is approved by Transportation and Administration.
   3. All overnight or out of state (except Mobile, AL) fieldtrips MUST be board approved IN ADVANCE. If that is the case, Ms. Moore will put the fieldtrip request on the next board agenda. Overnight and Out of State request must be received at the District Office more than five (5) days prior to the next regularly scheduled meeting of the school board.

D. All Fieldtrip Request must include a final roster and seating chart before receiving Bus Permit Form. If you have this information when you submit the fieldtrip request, go ahead and include it when you send in the request for approval. If you're not sure who will be going on the trip, you will need to email the front page of the approved fieldtrip request, the roster of everyone traveling on the bus, and a seating chart for each bus to Clint.james@gcsd.us at least 10 days prior to the trip before he will fill out your bus permit(blue slip).

E. Sponsors must have Parental Consent/Release from Liability forms on each student traveling on the trip with them on the bus. Sponsors will be responsible for the cleanliness of the bus after the trip and will determine if the bus was abused or damaged by the pupils while on the trip. Sponsors will be responsible for maintaining proper pupil behavior and discipline during special trips.

C. Bus drivers will be responsible for completing the Bus Pre-Trip Inspection before leaving on the trip. After the trip, Bus Drivers will complete the Extra Duty Time Sheet and Reimbursement Information and return the Bus Permit Form to the principal of the school.

D. Principals will be responsible for submitting the bus permits to the Transportation Office immediately following the trip.

2026-2027

# George County School District

## Class Field Trip Collection Sheet

Teacher: _____ Date: _____

Destination: _____ Grade: _____

| | | Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Student's Name | Amount | CK #/CA | Amount | CK #/CA | Amount | CK #/CA | Amount | CK #/CA | Amount | CK #/CA |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
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| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | | | | | | | | | | | |
| | Total Money Received | $ 0.00 | | $ 0.00 | | $ 0.00 | | $ 0.00 | | $ 0.00 | |
| | Receipt # | | | | | | | | | | |
| | Secretary's initials/Date | | | | | | | | | | |
| | Teacher's initials/Date | | | | | | | | | | |

Total money received for the week: $ 0.00

Teacher's Signature _____

Secretary's Signature: _____

2026-2027

# GEORGE COUNTY SCHOOLS REQUEST FOR FIELD TRIP CUSTODIAL CASH

School/Department _____ Date _____

Amount Requested _____ Budget Code: _____

Requested By _____

Reason custodial cash is required in lieu of purchase order: _____

_____

Field trip request approved on _____ and attached.

# of students _____ X estimated meal cost _____ = amount requested for cash: $ 0.00

☐ All field trip collections are deposited.

_____
Secretary's signature

_____
Principal/Director's Signature

**Received by:**

*I understand that I am responsible for the safeguarding of these funds. Funds shall be used solely for student meals. All receipts shall be turned in and any leftover funds returned for redeposit within 5 days of trip.*

Custodian of Field Trip Cash: _____ Signature _____

Date _____

---

*This section is to be completed after the field trip takes place. Send to Accounts Payable Clerk to add to claim.*

Amount redeposited _____ Receipt # _____

Meal Receipts received ☐

_____
Secretary's Signature

2026-2027

# George County School District
## Bus Permit Form
## School Activity Trip

*Please Print*

| School Bus Driver | School | Class/Group | Date |
|---|---|---|---|

You are hereby instructed to use Bus No. _____ for a trip to _____ You will take _____ pupils under the supervision of _____. You will depart from _____ at _____ o'clock on _____ date, and proceed to _____ via _____ and return by the same route to _____ at _____ o'clock on _____ date. This trip is duly authorized by the rules and regulations of the State Board of Education and the School Board of George County School District. The bus driver shall keep these instructions with him/her when making the authorized trip. The driver shall file this order with the principal of the appropriate school within forty-eight (48) hours after the trip is made.

**Sponsor will insure the cleanliness of the bus on special trips.**

---

**Bus Driver Extra Duty Time Sheet**

School Name _____

Bus Driver Name _____

Date Extra Duty Performed _____

Description of Duties Performed _____

Time Departed _____ Time Returned _____

---

**Reimbursement Information**

Driver Rate of Pay: Number of Hours X $16.00=_____

*(Activity field trip reimbursement is rate of pay plus 7.65% FICA and 2.65% Worker's Comp.)*

Odometer Reading

Beginning: _____

Ending: _____

Total Miles: _____ *(Activity Field Trip reimbursement is @ $2 per mile)*

| Sponsor's Signature | Date | Principal's Signature | Date |
|---|---|---|---|
| Bus Driver's Signature | Date | Transportation Director's Signature | Date |

After the trip:

- School Secretary - send the original Bus Permit Form to the Transportation Secretary to process driver pay.
- Transportation Department – send a copy of all trip forms to Marie Bullock at Business Office.
- Business Office will invoice the school for reimbursement.

# Activities Bus Pre-Trip Inspection

| BEFORE EACH TRIP: | INSPECTION DATE |
|---|---|
| **CHECK OUTSIDE THE BUS** | |
| FUEL TANK (s) FILLER CAP(s) | |
| EXHAUST PIPE | |
| TIRES/ RIMS/ LUGS | |
| AIR TANK (s) | |
| UNDER BUS LEAKS: OIL, FUEL, COOLANT, WATER, POWER STEERING FILLED, BRAKE FLUID, ETC. | |
| GENERAL OUTSIDE APPEARANCE | |
| **CHECK UNDER THE HOOD** | |
| BATTERY/ BELTS/ HOSES/ WIRING | |
| FLUID LEVELS | |
| FLUID LEAKS | |
| **CHECK INSIDE THE BUS** | |
| FIRE EXTINGUISHER/ FIRST AID KIT/ EMERGENCY REFLECTORS/ SPARE FUSES | |
| SEATS/ FLOOR/ GENERAL APPERANCE | |
| EMERGENCY EXIT(s) | |
| **START ENGINE AND CONTINUE INSIDE CHECK** | |
| DASH GAUGES/ LIGHTS/ WARNING BUZZERS | |
| HORN/ STEERING WHEEL | |
| WINDSHIELD WIPERS/ WASHERS | |
| HEATER/ DEFROSTER/ FAN | |
| DOME LIGHTS/ STEP-WELL LIGHT | |
| DRIVER'S SEAT/SEAT BELT/ MIRRORS | |
| SERVICE BRAKE/PARKING BRAKE/EMERGENCY BRAKE | |
| OVERHEAD FLASHING LIGHTS/STOP ARMS | |
| TURN INDICATORS/HAZARD LIGHTS | |
| **CHECK OUTSIDE THE BUS WITH ENGINE RUNNING** | |
| STOPLIGHTS/ TAILLIGHTS/BACK UP SIGNAL | |
| HEADLIGHTS/ PARKING LIGHTS/SIDE MARKER LIGHT | |
| OVERHEAD FLASHERS/ STOP ARMS | |
| TURN INDICATORS/HAZARD LIGHTS/ STROBE LIGHTS | |
| WINDSHIELD/ WINDOW/ MIRRORS | |
| **COMPLETE FINAL CHECKS** | |
| FASTEN SEAT BELT | |
| TEST BRAKES (STOP AND HOLD) | |
| STEERING WHEEL PLAY | |

I certify that all items listed on this form were checked before placing the bus in service.

DRIVER NAME: _____ DRIVER'S SIGNATURE: _____

2026-2027

# George County School District

## Request to Form a Student Activity Account/Group

Proposed Activity Account Name: _____

School Name: _____

Requestor's Name: _____ Date _____

I am requesting permission to form a new Student Activity account under the function of General Activity Funds. The purpose for this group is:

_____

_____

Proposed schedule for meetings (*e.g., Weekly, Monthly, Semi-monthly please specify*): _____

**All Student Activity Accounts must comply with the Activity Funds guidelines for public funds. All collected funds must be receipted in by the school office and deposited into the General Activity bank account.**

_____ _____
Proposed Sponsor's Signature Date

_____ _____
Principal's Signature Date

☐ Approved ☐ Denied _____ _____
Superintendent or Designee Signature Date

Please forward a copy of approved form to the Business Coordinator to set up the fund codes in Marathon.