

Purchasing Plan
Date _____

Spencer County School District
FORM 1

COVER PAGE

School Name SCES

School Number 040 District Number 541

Grades K-5 Enrollment _____

Adoption Cycle 20 16 - 17

Content Area(s) Literacy

Science

Names and titles of persons responsible for the development of the plan:

Mark Thomas

Gina Tollett

Purchasing Plan
Date _____

Form 4

School Name SCES School Number 040

BUDGET SUMMARY

Revenue:

Current State Allocation ~~\$~~ 20,391.00

Carry-over funds ~~\$~~ 3783.00
(becomes carry-over on July 1)

Total State Monies ~~\$~~ 24,174

| Projected Cost for: | Categories |
|---------------------------|------------|
| Textbooks | 3000 - |
| Instructional Materials | 8891 - |
| Rebinding & Replacement | 2000 - |
| Technology | 6500 - |
| TOTAL EXPENDITURES | 20,391 |

Projected carry-over funds ~~\$~~ 3783 -

Purchasing Plan
Date _____

Form 5

School Name SCES School Number 0210

STATEMENT OF ACCOUNTABILITY

We, the undersigned, certify that this Textbook/Instructional Material Purchasing Plan implements the Kentucky Core Academic Standards for the 2016 - 17 adoption cycle.

School Council Members' Signatures:

(pending council mtg in Aug)

Peggy Hagman

Dee Thompson

Vicky Thomas

Michelle Noel

Gina Taylor

Leah Hardin
School Council Chair

8-15-16
Date

The cost of this plan is within the appropriation for this school.

School Board Chair

Date

In the absence of a school council, _____ Board of Education certifies that this Textbook/Instructional Material Purchasing Plan implements the Kentucky Core Academic Standards for the 20____ - _____ adoption cycle. The cost of this plan is within the appropriation for this school.

School Board Chair

Date

School Board Secretary

Date

FIN:61-6001367

207 W. Main Street

Check one:

Taylorsville, KY 40071

Central Office

Phone (502) 477-3250 - FAX (502) 477-3259

Transportation

School (Note)

SCES

Other (Note)

Grant (Note)

Bid Source

Tax Exempt #
B191

Purchase Order Form

Firm Name: Follett

Date 6/21/2016

Attn: _____

PO# 17400000

Address:

City/State/Zip _____

This PO number must appear on all invoices, packing lists, packages and all correspondence.

Phone: _____

Fax: _____

Please furnish the merchandise, materials or service itemized below:

DO NOT BACKORDER

[illegible]SHIP TO: Spencer County Elementary & Middle School **Loans**

1265 Mt. Washington Rd.

Taylorsville, KY 40071

ATTN: Gina McGinnis

Ordered By: Gina McGinnis

Received By:

Program Approval Signature

Org

Object

Project

Central Office Accounts Payable Signature

Superintendent's Signature (purchase exceeding \$5000)

SPENCER COUNTY BOARD OF EDUCATION

207 W. Main Street

Taylorsville, KY 40071

Phone (502) 477-3250 - FAX (502) 477-3259

Purchase Order Form

FIN:61-6001367

Check one:

Central Office ☐

Transportation ☐

School (Note) ☒

SCES

Other (Note) ☐

Grant (Note) ☐

Bid Source

Tax Exempt #
B191

Firm Name: Follett

Date 6/21/2016

Attn: -

Address:

City/State/Zip:

Phone:

Fax:

PO# 1740003

This PO number must appear on all
invoices, packing lists, packages and
all correspondence.

Please furnish the merchandise, materials or service itemized below:

DO NOT BACKORDER

| Quantity | Catalog Number | Item, Description, Size, Color, etc | | |
|----------|----------------|--|-------|----------|
| 4 | | trade books for First grade writing unit | 3.44 | \$ 13.76 |
| 4 | | | 8.00 | \$ 32.00 |
| 4 | | | 11.95 | \$ 47.80 |
| 4 | | | 2.57 | \$ 10.28 |
| 4 | | | 2.59 | \$ 10.36 |
| 4 | | | 3.44 | \$ 13.76 |
| 4 | | | 3.44 | \$ 13.76 |
| 4 | | | 5.14 | \$ 20.56 |
| 4 | | | 2.59 | \$ 10.36 |
| 4 | | | 3.44 | \$ 13.76 |
| 4 | | | 3.44 | \$ 13.76 |
| 4 | | | 5.14 | \$ 20.56 |
| 4 | | | 2.59 | \$ 10.36 |
| 4 | | | 7.29 | \$ 29.16 |
| | | | | \$ - |
| | | | | 260.24 |

SHIP TO: Spencer County Elementary School

1265 Mt. Washington Rd.

Taylorsville, KY 40071

ATTN: Gina McGinnis

Ordered By: Gina McGinnis

INVOICE TO:

Received By:

Program Approval Signature

Org

Object

Project

Central Office Accounts Payable Signature

Superintendent's Signature (purchase exceeding \$5000)

SPENCER COUNTY BOARD OF EDUCATION

207 W. Main Street

Taylorsville, KY 40071

Phone (502) 477-3250 - FAX (502) 477-3259

Purchase Order Form

FIN:61-6001367

Check one:

Central Office ☐

Transportation ☐

School (Note) ☒

SCES

Other (Note) ☐

Grant (Note) ☐

Bid Source

Tax Exempt #
B191

Firm Name: Handwriting Without Tears

Date 6/23/2016

Attn: _____

Address: 806 Diamond Ave.

PO#

City/State/Zip Gaithersburg, MD 20878

This PO number must appear on all

Phone: 301-263-2700

invoices, packing lists, packages and

Fax: 301-263-2701

all correspondence.

Please furnish the merchandise, materials or service itemized below:

DO NOT BACKORDER

| Quantity | Catalog Number | Item, Description, Size, Color, etc | | | |
|----------|----------------|--|--------|----|----------|
| 150 | LN | Handwriting without Tears - Letters and Numbers-kindergarten | 9.50 | \$ | 1,425.00 |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| | | | | \$ | - |
| 1 | | shipping and handling | 142.50 | \$ | 142.50 |
| | | | | | 1,567.50 |

SHIP TO: Spencer County Elementary School

INVOICE TO: _____

1265 Mt. Washington Rd.

Taylorsville, KY 40071

ATTN: Gina McGinnis

Ordered By: Gina McGinnis

Received By: _____

Program Approval Signature

Org

Object

Project

Central Office Accounts Payable Signature

Superintendent's Signature (purchase exceeding \$5000)

FIN:61-6001367

Check one:

Central Office

Transportation

School (Note)

SCES

Other (Note)

Grant (Note)

Bid Source

Tax Exempt #
B191

Date 7/18/2016

PO#

This PO number must appear on all invoices, packing lists, packages and all correspondence.

DO NOT BACKORDER

Fax: 800-953-8691

Please furnish the merchandise, materials or service itemized below:

[illegible]SHIP TO: Spencer County Elementary School

1265 Mt. Washington Rd.

Taylorsville, KY 40071

ATTN: Gina McGinnis

Ordered By: Gina McGinnis

INVOICE TO:

Received By: _____

Program Approval Signature

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Object

Project

Central Office Accounts Payable Signature

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