ACTIVITY FUNDS

ORDERS OF THE TREASURER

To the Treasurer, at the regular monthly meeting of the Gallatin County Board of Education the following claims and bills were approved and ordered to be paid. The Chairperson and Secretary must sign this order.

Chairpersor	າ:		
Casestanu			
Secretary: _			
Dato			

List of Checks by Check Number GALLATIN COUNTY SCHOOLS

	Date	Payce	GL Acet	Date Cancell			Amount	Tax Amt.
Check No.	Note	Account Name	Account	Purchase	Invoice No.	1099	Amount	T (IA AIII)
3447	07/31/2018	MAINES HARDWARE	992					
	Door Lock/Padlock	Vo. Ag	202	1913593	124776	No	\$38.98	\$0,00
					Total for Ch	eck # 3447	\$38.98	\$0.00
3449	08/14/2018	VIKKI WOFFORD	992	08/14/2018				
		HS Girls Volleyball	127	1913615		Yes	\$85.00	\$0.00
	VOID: PRINTING ERROR	HS Girls Volleyball	127	1913615		Yes	(\$85.00)	\$0.00
					Total for Che	eck # 3449	\$0.00	\$0.00
3450	08/14/2018	DAVE KNAPMEYER	992	08/14/2018				
		HS Football	145	1913616		Yes	\$80.00	\$0.00
	VOID: PRINTING ERROR	HS Football	145	1913616		Yes	(\$80.00)	\$0.00
					Total for Ch	eck # 3450	\$0.00	\$0.00
3451	08/14/2018	CHRIS WITTENBERGER	992	08/14/2018				
		HS Football	145	1913617		Yes	\$80.00	\$0.00
VOID: PRINTING ERROR	HS Football	145	1913617		Yes	(\$80.00)	\$0.00	
					Total for Ch	eck # 3451	\$0.00	\$0.00
3452	08/14/2018	NICK FRANCHINO	992					
		Girls Soccer	126	1913613		Yes	\$65.00	\$0.00
					Total for Ch	eck # 3452	\$65.00	\$0.00
3453	08/14/2018	VIKKI WOFFORD	992					
		HS Girls Volleyball	127	1913615		Yes	\$85.00	\$0.00
					Total for Ch	eck # 3453	\$85.00	\$0.00
3454	08/14/2018	DAVE KNAPMEYER	992					
		HS Football	145	1913616		Yes	\$80.00	\$0.00
					Total for Ch	eck # 3454	\$80.00	\$0.00
3455	08/14/2018	CHRIS WITTENBERGER	992					
		HS Football	145	1913617		Yes	\$80.00	\$0.00
					Total for Ch	eck # 3455	\$80.00	\$0.00
3456	08/14/2018	SEAN KNOLLMAN	992					
		HS Football	145	1913618		Yes	\$80.00	\$0.00
					Total for Ch	eck # 3456	\$80.00	\$0.00
3457	08/14/2018	STEVE COOPER	992					
			**					

List of Checks by Check Number GALLATIN COUNTY SCHOOLS

Check No.	Date Note	Payce Account Name HS Football	GL Acet Account 145	Date Cancel Purchase 1913619		99 Amount es \$80.00	Tax Amt.
					Total for Check # 34	\$80.00	\$0.00
3458	08/14/2018	WITMER LOPEZ	992				
		Girls Soccer	126	1913620	Y	es \$65.00	\$0.00
					Total for Check # 34	\$65.00	\$0.00
3459	08/14/2018	JASON SKIRVIN	992				
		HS Football	145	1913621	N	\$80.00	\$0.00
					Total for Check # 34.	59 \$80.00	\$0.00
3460	08/14/2018	KATIE WESSELING	992				
		HS Girls Volleyball	127	1913614	Y	es \$85.00	\$0.00
					Total for Check # 34	50 \$85.00	\$0.00
3461	08/14/2018	STEVEN SHELTON	992				
		Girls Soccer	126	1913612	Y	es \$85.00	\$0.00
					Total for Check # 34	\$85.00	\$0.00
3462	08/14/2018	UK SPORTS MEDICINE	992				,
		D1 Athletics General	101	1913607	N	\$2,500.00	\$0.00
					Total for Check # 34	\$2,500.00	\$0.00
3463	08/14/2018	LINDA EDMONDSON	992				
		D1 Athletics General	101	1913608	N	\$800.00	\$0.00
					Total for Check # 34	\$800.00	\$0.00
3464	08/14/2018	HERFF JONES	992				
		HS Yearbook	213	1913611	N	\$1,975.43	\$0.00
					Total for Check # 34	\$1,975.43	\$0.00
3465	08/15/2018	SCHOOL MATE	992	•			
		uE GENERAL	400	1913583	IN00049553 No	\$356.00	\$0.00
					Total for Check # 340	5 \$356.00	\$0.00
3466	08/15/2018	KHSAA	992				
		D1 Athletics General	101		13227A No.	\$212.50	\$0.00
					Total for Check # 340	6 \$212.50	\$0.00
3467	08/16/2018	VIKKI WOFFORD	992				
	ADD FRESHMAN GAME 8-15-2018	HS Girls Volleyball	127		Y	s \$20.00	\$0.00

List of Checks by Check Number GALLATIN COUNTY SCHOOLS

Check No.	Date Note	Payce Account Name	GL Acct Account	Date Canco Purchase	elled Invoice No.	1099	Amount	Tax Amt.
					Total for Cl	heck # 3467	\$20.00	\$0.00
3468	08/16/2018 ADD FRESHMAN	KATIE WESSELING HS Girls Volleyball	992 127			Yes	\$20.00	\$0.00
	GAME 8-15-2018				Total for Cl	heck # 3468	\$20.00	\$0.00
3469	08/16/2018	JAGUARS CROSS COUNTRY	992 114	1913623	602542	No	\$85.00	\$0.00
					Total for Cl	heck # 3469	\$85.00	\$0.00
					Total of all Check	s Selected:	\$6,792.91	\$0.00

^{*}Note: This report does not include the Journal Adjustments



beyond expectations

P.O. Box 189

Shelbyville, KY 40066-0189

Return Service Requested 00006363 FGUBST080118111114400 01 000000000 0012726 003

G C BD OF ED/WALLACE CEN OFF BLDG Activity Fund 75 Boardwalk Warsaw KY 41095-9375 FDIC

Account Number Statement Date Statement Thru Date Checks/Items Enclosed Page

XXXXX4657 07/31/2018 07/31/2018 8

Customer Service Information

8	Customer	Care

1(866)633-4450

Lost/Stolen Debit Card

1(800)500-1044

Nisit Us Online

www.cubbank.com

BOE SPECIAL

Account Number: XXXXXX4657

Balance Summary

Beginning Balance as of 07/01/2018	\$86,861.94
+ Deposits and Credits (5)	\$6,129.24
- Withdrawals and Debits (4)	\$654.33
Ending Balance as of 07/31/2018	\$92,336.85
Service Charges for Period	\$0.00
Average Balance for Period	\$89,325.00

Earnings Summary

Interest for Period Ending 07/31/2018	\$151.49
Interest Paid Year to Date	\$1,005.48
Average Rate for Period	2.00%
Number of Days for Average Rate	31
•	

DEPOSITS AND OTHER CREDITS

Date	Description	Deposits
Jul 06	DEPOSIT	36.37
Jul 12	DEPOSIT	3,511.76
Jul 19	DEPOSIT	26.15
Jul 26	DEPOSIT	2,403.47
Jul 31	INTEREST PAID	151.49

CHECKS PAID

* Indicates a Skip in Check Number(s)

Date Jul 03 Jul 18	Check No. 13326 *13417	Amount 127,50 159.83	Date Jul 18	Check No. *13445	Amount 115,00	Date Jul 24	Check No. 13446	Amount 252.00

DAILY BALANCE SUMMARY

200	
7.51	
10.5	

Date	Balance	Date	Balance	Date	Balance
Jul 03	86,734,44	Jul 18	90,007.74	Jul 26	92,185.36
Jul 06	86,770.81	Jul 19	90,033.89	Jul 31	92,336.85
Jul 12	90,282.57	Jul 24	89,781.89		

IMPORTANT INFORMATION FOR CUB CONSUMER ACCOUNTS

Error Resolution Notice: In Case of Errors or Questions About your Electronic Transfers, Telephone us at 1-866-633-4450 or write us at P.O. Box 189, Shelbyville KY 40066, as soon as you can, if you think your statement or receipt is wrong or if you need information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name, account number, and the dollar amount of the suspected error.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can, why you believe it is an error or why you need more

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error. You will have full use of the funds during the time it takes us to complete our

CUB Reserve Customers

Billing Rights Summary: In case of errors or questions about your bill: If you think your bill is wrong, or if you need more information about a transaction on your bill write us at P.O. Box 189, Shelbyville KY 40066 as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST bill on which the error or problem appeared. You may telephone us at 1-866-633-4450 but doing so will not preserve your rights. In your letter, give us the following information:

- Your name, account number, the dollar amount and date of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error.
- If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your questions, we cannot report you as delinquent or take any action to collect the amount you question. Calculation of Finance Charge: The Finance Charge you pay will be computed by multiplying the "Average Daily Balance", we will take the

beginning balance of your account each day, add any new advances and subtract any payments or credits. This gives us the Daily Balance. Then, we add up all the Daily Balances for the "Billing Cycle" and divide the total by the number of days in the "Billing Cycle". This gives us the "Average Daily Balance",

Prepayment: You may at any time pay all or part of the new balance of the account.

Application of Payments: All payments will be applied first to interest; second to principal.

		The form below is provided to help you balance your bank statement
Month	_20_	_

Outstanding transactions not charged to account

Check #	Amount	
		1.
***************************************		2,
		٠,
		3.
Total	\$	

- Compare and mark off enclosed checks, charges and deposits against your checkbook listing
- Record in your check register, all items which appear on this statement, but have not been listed in your check register.

To balance your statement, complete the above and then:		
A. Enter the ending balance listed on your statement	·	
B. Add any deposits not listed on your statement		
C. Total A + B		
D. Subtract the total of outstanding checks		
E. Check Register Balance		

