SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCSAC		RECE	CIPT : AC-4012	
School Addres	ss: 7105	Floydsburg Rd.			
	Crest	twood, KY 40014	Fiscal	Year Ending:	2025
School Federa	11 ID # 61-60	001306			
Date of gift:	8/3	30/2024			
Donor Name:	Richwood Nursin	g and Rehab Center			
Donor Addres					
	street address	Anonno			
	262 N. University street address (co				
	Farmington	UT		4025	
	city	state	zip co	de	
Type of donat	ion: (Circle one)	Cash Check	Amount:	Other	
		19736	\$2,500.00	\$10.00-Roling d	onation
Total on Depo	sit: \$2510.00				
Was anything	of value received in	n exchange for donat	ion? Yes	Nd X	
If yes, descrip	tion and dollar valu	ıe:			
Federal ID#(if applicable)				
Leslie Daland				MacWilliams	
Person accept	ing donation		Princi	pal	
Sep-24	4		9/30/	2024	
Date			Date		

^{*}Form shall be filled out for all donations valued at \$250 or more

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ART CENTER - #990	ø	Λ		-		_	A	17	~			7	ш	Λ	α	`
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F22 Deposit Coversheet

Deposit Name:

AC-4012

Munis	Income Code		Source Of Income	Deposit Description/Notes	Aı	mount
			Project 700i			
222990	1750	700L	Sales Revenue		\$	-
222990	1750	700L	Sales Revenue		\$	-
222990	1790	700L	Other District & Student Activity Income		\$	
222990	1790	700L	Other District & Student Activity Income		\$	-
222990	1790	700L	Other District & Student Activity Income		\$	-
222990	1790	700L	Other District & Student Activity Income			
222990	1920	700L	DONATION		\$	2,510.00
			Total Amount (Should = Deposit S	Slip & Multiple Receipt Totals)	\$	2,510.00

Corinne M. Lu	ıvisi
Office Manager	

9/30/2024

Office Manager

Date of Deposit

*Attach a copy of the Deposit Slip & Multiple Receipt Form

DONATION

SCHOOL ACTIVITY FUND MULTIPLE RECEIPT FORM

g - 40 c			
School	Des Arts Center	Receipt Number	AC-401
Activity Account	222990-1920-700L	Teacher/Sponsor	OCSAC
Purpose	Donation	Grade (Circle one) K-5 & 7 8	9 10 11 12 W
, - pr 75	1/ 4		

Signature or Printed Name	QB	Check Amount	Check#	Ţ	Description	^		
Ryan & Audrey Roling	·	10.00	2832 3469	[monthly Pledge	(Sen	-)	
2 Richwood Nursily		2,500.00	019736	. ,	DEYT Donation	ر. ا		
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^{*}Students 6th grade & above must sign form as the turn in money.

The form and collected money must be given to the school treasurer daily.

Total Cash	-management of the second of t
Total Checks	\$2,510.00
Total	\$ 2,510.00

Leslie Daland

Person Remitting Money (Activity Sponsor

9/25/2024

45.41

F-SA-6

) .	Re	capitul	ation S	ection:	Office Use	Only
	 	441			1 1 11 0 11 -	1 1-

* The school treasurer will complete the Recapitulation Section and issue a receipt.

School Treasurer (Bookkeepen)

9-30-ZY

Total Amount Remitted:

2510

*il a deposit is collected after school business hours, please place in the school safe for processing the following business bay.

^{*}Printed names acceptable for any student unable to sign.

^{*}K-5th grade: Teacher/Sponsor may print names.

DONAMON

7

		BD43 (COPY)	
	DE DEPC	POSIT TICKET ISIT RECORD COPY	
100.000		Stock AC-4012 Bank & Trust	
		Yarus Bank & Trust	
Action (September 2018)	DATI	9-20-24	
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Stock Yards Bank & Trust

09/30/2024

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Tir# 374

Seq# 32

Account XXXXXX4665

DDA Deposit \$2,510.00

THANK YOU FOR BANKING WITH US!

This is your receipt. Your deposit is credited on the date shown above unless otherwise noted.

RECEIPT

Checks and other items are received for deposit subject to the terms and conditions of the Bank's collection agreement.

Thank you

210 #5994681#

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THIS CHECK IS VOID WITHOUT	THE SAFETY FEATURES LISTED ON THE BACK	13092440346
Ryan and Audrey Rolling Memo: Donation	64-79 611 09/16/2024	0218323469
PAY TEN DOLLARS AND NOVIOO	iPay Solutions PO BOX 258819 Oklahoma City, OK 73125-8819 Phone: 888-251-2562	AMOUNT **\$10.00
THE ORDER OLDHAM COUNTY SCHOOLS ARTS CENTER OF Truist	WOOD Sen	ee Sevearigen
100 000 000 0000 00000 00000 000 000 00	V	oid After 90 Days 🗼 🙌

PROVIDENCE ADMINISTRATIVE CONSULTING SERVICES, IIII 162 N. University Ave, 801-447-9829 (31-300/1243) Pay To The OLDHAM COUNTY BOARD OF EDUCATION DIAM COUNTY BOARD OF EDUCATION OLDHAM COUNTY BOARD OF EDUCATION	NUMENT HAS A COLORED SECURITY BACKGROUND, DO NOT CASH IF THE WURD POUR SAL RICHWOOD NURSING & REHAB	KEYBANK NATIONAL ASSOCIATI	ON 019736
Pay - ****Two I housand Five Hundred and GO/TOO To The Order OLDHAM COUNTY BOARD OF EDUCATION OLDHAM COUNTY BOARD OF EDUCATION	ROVIDENCE ADMINISTRATIVE CONSULTING SERVICES, ITC 62 N. University Ave 801-447-9829	31-300/1243	Date 2024-08-30
To The Order OLDHAM COUNTY BOARD OF EDUCATION OLDHAM COUNTY BOARD OF EDUCATION	****Two Thousand Five Hundred and 00/100		
	To The		
	OLDHAM COUNTY BOARD OF EDUCATION 6165 WEST HIGHWAY 146		

SCHOOL ACTIVITY FUND DONATION ACKNOWLEDGEMENT FORM

School:	OCSAC		RECEIPT#		AC-4017
School Addres	s: 7105 Floydsburg Roa	d			
	Crestwood, KY 4001	4	Fiscal Year E	nding:	2025
School Federa	d ID# 61-60013	06			
Date of gift:	10/1/2	024			
Donor Name:	Allison F	Ratterman			
Donor Addres	ss: street address 6701 Robin Road street address (contin	nued)		,	
	Crestwood city	KY state	40014 zip code		
Donor Phone	Number: (502)243	3-9249			
Type of dona	tion: (Circle one)	Cash Check 5905	Amount:	Other	
Other gift des	scription including pur	pose and restriction	ns on donation: Donation	to Friends of th	e Arts Center.
Was anything	g of value received in e	xchange for donation	on? Yes	Nd _X	
If yes, descrip	ption and dollar value:				
Federal ID#	(if applicable)				
Leslie Dalane Person accep	d oting donation		Alvin Macw Principal	illiams	
10/1/202	24		10/1/2024 Date		
Date			Date		

^{*}Form shall be filled out for all donations valued at \$250 or more

			ART CENTER - #990			
			F22 Deposit Covershe	eet		
			Deposit Name:	AC-4017		
Munis I	Income Code		Source Of Income	Deposit Description/Notes	Amo	ount
			Project 700l			
222990	1750	700L	Sales Revenue		\$	
222990	1750	700L	Sales Revenue		\$	
222990	1790	700L	Other District & Student Activity Income	\$	-	
222990	1790	700L	Other District & Student Activity Income	\$	-	
222990	1790	700L	Other District & Student Activity Income	\$	-	
222990	1790	700L	Other District & Student Activity Income			
222000	1920	700L	DONATION		\$	500.00
222990				Slip & Multiple Receipt Totals)	\$	500.0

Corinne M. Luvisi

Office Manager

5/7/2024

Date of Deposit

*Attach a copy of the Deposit Slip & Multiple Receipt Form



n — AC-4017

SCHOOL ACTIVITY FUND MULTIPLE RECEIPT FORM

School	Des A	rts Co	uter		Receipt Number	AC-	401	工
Activity Account	22299	10-191	100-1000	-	Teacher/Sponsor	$\perp \infty$	SAC	-
Purpose	Dona	xion_			Grade (Circle one) K-5 6 7 8	9 10 11	12 Mull	lple).
Signature or Printed Name	বিষ	Check Amoun!	Check#	#	Descr	iptio	n	
Allison Ratterman	1	300.00	5905	16	1 - 1	of the	ants	Center
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5] 3	30			
*Students 6th grade & above must sig				┙.				41 -

Total Cash		Leslie Daland
Total Checks	\$500.00	Person Remilling Money (Activity Sponsor)
Total	\$500.00	Dale

Recapitulation Section: Office Use Only the school treasurer will complete the Recapitulation Section and issue a receipt.

School Treasurer (Boo

Total Amount Remitted:

*II a deposit is collected after school business hours, please place in the school sale for processing the following business bay.

Stock Yards Bank & Trust

10/04/2024

3.16 PM Seq# 38

Br# 40

Tlr# 323

Account XXXXXX4665

DDA Deposit \$500.00

THANK YOU FOR BANKING WITH USI

This is your receipt. Your deposit is credited on the date shown above unless otherwise noted.

RECEIPT

Checks and other items are received for deposit subject to the terms and conditions of the Bank's collection agreement.

Thank you