

Type of Business: New Renewal Out for Bid

School District Information

School District Name: _____

School District Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Township: _____

Loss Information *(*If yes, please attach full description of the situation and the amount of any payment.)*

Has the District ever made claim against a surety or fidelity bond? Yes* No

Have there been any employee dishonesty losses in past 5 years? Yes* No

District Treasurer Information

District Treasurer

Treasurer's Name (First, Middle, Last): _____

Home Address (Street, PO Box, Apt.): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ # years as Treasurer: _____

College Attended: _____ Degree received/year: _____

CPA Certified Chief School Business Official

What other positions does the treasurer hold within the district? _____

Has this person ever been charged with any kind of criminal offense? Yes* No *(*If yes, please attach description.)*

Has this person ever filed for bankruptcy? Yes No

Has the district performed a background check on Treasurer? Yes* No **If yes, on what date? _____*

Has the district performed a credit check on Treasurer? Yes* No **If yes, on what date? _____*

Investment and Internal Controls Information

Does the District have an investment counselor? Yes* No **If yes, who? _____*

Does the District invest in a liquid asset fund? Yes* No **If yes, which fund? _____*

Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? Yes No*

**If no, please explain: _____*

Is counter signature of checks required? Yes No*

**If no, please provide explanation of check signing procedures: _____*

Are accounts reconciled at least bi-monthly? Yes No

Request Information

Bond #: _____

Change Bond Amount From: \$ _____ Change Bond Amount To: \$ _____

Change District Treasurer From: _____ Change District Treasurer To: _____

Other Change: _____

Bond Amount Information

(Information from Annual Financial Report)

Date of last Audit: _____ Was audit free from criticism? Yes No

Receipts/Revenues (Current): \$ _____

Tax Anticipation Warrants/Notes: \$ _____

Fund Balances: \$ _____

Total of the above: \$ _____

Bond Amount Requested: \$ _____

*The amount of the bond shall be 25% of the total of all bonds, notes, mortgages, moneys and effects of which the Treasurer is to have custody, adjustable only by the Regional Superintendent of Schools or the School Board of the District.

Applicant Information

Certification and Signature

I hereby warrant and certify that all the information contained in this application is true, correct and complete to the best of my knowledge and belief; and agree to these Terms of Acceptance.

Applicant Treasurer Name

Date

Applicant Treasurer Signature

Email

Superintendent Name

Date

Superintendent Signature

Email