

INVOICE	P.O.	INV DATE	VOUCHER	WARRANT	CHECK #	INVOICE NET	DUE DATE	TYPE	ST'S	INVOICE DESCRIPTION	
6297 ACCURATE LABEL DESIGNS, INC.											
.24923	1840119	10/21/2013			022714cc	108.95	02/27/2014	INV APP		VISITOR LABELS	
CHECK DATE:											
3194 AMAZON.COM/GE CAPITAL RETAIL BANK											
3 INV SEE ATTACHED	1840074	01/17/2014			022714cc	457.66	02/27/2014	INV PD		LAMINATOR , IPAD CHARGERS	
CHECK DATE: 02/03/2014											
3EE ATTACHED LIST	1840084	01/29/2014			022714cc	89.25	02/27/2014	INV PD		BOOKS-"ON THE COLOR LINE"	
CHECK DATE: 02/03/2014											
						546.91					
6907 APPERSON											
338534	1840115	01/14/2014			022714cc	159.00	02/27/2014	INV APP		ANNUAL MAINTENANCE/SUPPORT	
CHECK DATE:											
7236 CHRISTIN STOOPS											
SI01102014	SI01114	01/10/2014			022714cc	75.00	02/27/2014	INV APP		REIMB FOR COACHING CLASS	
CHECK DATE:											
4378 COACH OF THE YEAR CLINIC, INC.											
02102014	1840111	02/10/2014			022714cc	400.00	02/27/2014	INV APP		NIKE COACHES CLINIC	
CHECK DATE:											
1539 DUPLICATOR SALES & SERVICE											
CUST#LS4009 & LSS101	1840020	02/03/2014			022714cc	2,781.56	02/27/2014	INV APP		COPY CLICKS LIB. & 2ND FLO	
CHECK DATE:											
61 GALT HOUSE EAST/AL J SCHNEIDER COMPANY											
95097159&53890496	1840110	02/14/2014			022714cc	572.88	02/27/2014	INV APP		HOTEL ACCOM. FB COACHES CL	
CHECK DATE:											
5468 JAMES RAY											
100	1840105	01/01/2014			022714cc	135.00	02/27/2014	INV APP		REIM KHSBCA MEMBERSHIP/CON	
CHECK DATE:											
4032 KASC											
9590-CCHS	1840118	07/31/2013			022714cc	305.25	02/27/2014	INV APP		SBDM TRAINING	
CHECK DATE:											
2228 KMEA											
2967	1840103	01/13/2014			022714cc	75.00	02/27/2014	INV APP		KMEA REGISTRATION/ SCOTT B	
CHECK DATE:											
2648 KY.TRACK/CROSS COUNTRY COACH ASSOC.											

02/20/2014 07:45
1643sphe

CARROLL COUNTY SCHOOL DISTRICT
VENDOR INVOICE LIST

PG 2
|apinvlst

INVOICE	P.O.	INV DATE	VOUCHER	WARRANT	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
INV1314	1840106	01/03/2014		022714cc		75.00	02/27/2014	INV APP	REG	FOR TRACK & FIELD CLIN
CHECK DATE:										
2418 NORTHERN KENTUCKY UNIVERSITY										
14252014	1840063	09/18/2013		022714cc		200.00	02/27/2014	INV APP	TICKETS	FOR DRAMA PRODUCTI
CHECK DATE:										
7208 SHEREE PHELPS										
11312014	TE021714	02/17/2014		022714cc		25.92	02/27/2014	INV APP	TRAVEL	TO BANK AND/OR BOE
CHECK DATE:										
7251 STANLEY SCOTT SCHIRMER										
312102014	SI021014	02/10/2014		022714cc		75.00	02/27/2014	INV APP	REIMB	FOR COACHING CLASS
CHECK DATE:										
=====										
15 INVOICES						5,535.47				
=====										

** END OF REPORT - Generated by Sheree Phelps **

Accurate Label Designs

P.O. Box 895
 Cumming, GA 30028-0895
 (800) 222-4712

INVOICE

ENTER DATE	INVOICE #
10/21/2013	124923

BILL TO:
Carroll County High School Attn: Accounts Payable 1706 Highland Ave. Carrollton, KY 41008

SHIP TO:
Carroll County High School Attn: T. Stephens 1706 Highland Ave. Carrollton, KY 41008

P.O. NUMBER	TERMS	REP	EST. SHIP	SHIP VIA	RECV. DATE	STATUS
verbal	Due on receipt	ALD2	10/28/2013	UPS Ground	10/21/2013	
QUANTITY	ITEM CODE	DESCRIPTION			PRICE EACH	AMOUNT
1	VTCUS-L other	Customized Visitor-Trac Label Packet shipping/handling Out-of-state sale, exempt from sales tax			99.00 9.95 0.00%	99.00 9.95 0.00
Thank you for your business. Please include this invoice # on remit check.					Total	\$108.95

RRW
OK TO
pay

New Remit Address:
 Accurate Label Designs
 P.O. 895
 Cumming, GA 30028-0895



Corporate Headquarters
13910 Cerritos Corporate Drive
Cerritos, CA 90703
P: 800.877.2341
F: 562.356.3310

Education Headquarters
851 SW 34th Street, Bldg. B
Renton, WA 98057
P: 800.827.9219
F: 800.321.8558

apperson.com

January 14, 2014

Carroll Co High School
Bookkeeper
1706 Highland Ave
Carrollton, KY 41008

ACCOUNT #: 938534
SERIAL #: S18975

Dear Bookkeeper,

Your DataLink™ 1200 (formerly Advantage) Scanner's warranty or maintenance agreement will expire on 2/1/2014. You may continue uninterrupted coverage on your DataLink™ 1200 Scanner by purchasing the Annual Maintenance Agreement described below.

\$159.00 Annual Maintenance Agreement per scanner includes:

- Unlimited telephone support
- Parts and labor for repair work
- Free use of a service unit if required (service unit includes free shipping to and from your facility.)

Full details of the Maintenance Agreement are described on the reverse side of this letter.

A scanner not covered by a maintenance agreement is subject to time and material rates. The minimum charge for time and materials is \$139.00 + freight to and from our repair depot.

To continue maintenance coverage, please sign the attached maintenance agreement, and return the agreement with method of payment in the enclosed envelope or fax to my attention at 800.321.8558. **Failure to return the enclosed agreement with your method of payment may result in delays which may affect your warranty/maintenance standing.** You have 30 days from the effective date of this agreement to respond to this letter. After 31 days if you wish to purchase or renew your maintenance for the above listed scanner, we require that the scanner be returned to the factory for re-certification at a cost of \$139.00 + freight. Once re-certification is completed you have 30 days to purchase a maintenance agreement.

If you have questions, please give me a call at 800.827.9219 ext. 1433

Sincerely,

A handwritten signature in cursive script that reads "Chris Hall".

Chris Hall
Account Representative
Apperson Inc.
chris.hall@apperson.com

TELECOACH, INC.

INVOICE

d.b.a. Coach of the Year Clinic
 Earl Browning
 3512 Foxglove Lane
 Louisville, KY 40241
 Phone 502-425-2937 Fax 502-425-0306

2/10/2014

Bill To:
 Mike Weedman
 Carroll Co. H. S.

SHIP TO:
 Mike Weedman

Carrillton, KY

Comments or Special Instructions:

SALESPERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	TERMS
EB	1840111	2/10/2014	Best Way	Due by 2/12/14

QUANTITY	DESCRIPTION	AMOUNT
10	Coach of the Year Clinic Group Rate 6-1 = \$40 EACH	\$400.00
		\$400.00
		-
		\$400.00

Please pay from this invoice.

Thanks

Earl

Make all checks payable to: **Telecoach, Inc.**
 If you have any questions concerning this invoice, contact N: EARL BROWNING - 502-425-2937
 THANK YOU FOR YOUR BUSINESS!

OK to pay
Mike Weedman

Duplicator Sales & Service, Inc.

R 831 East Broadway
 E Louisville, KY 40204
 M (502) 589-5555
 I T 1-800-633-8921
 T O

Customer Number: LS4009
 Invoice Number: 425396 1
 Invoice Date: 02/03/14
 Total Due: \$75.14

B BARBARA
 I CARROLL COUNTY BOARD OF
 L EDUCATION
 T 813 HAWKINS ST
 O CARROLLTON KY 41008

Need Lexmark or HP supplies
 or service? Visit our website
www.duplicatorsales.net
 or call (502) 589-5555 for details.

RETURN REMITTANCE COUPON WITH YOUR PAYMENT



Duplicator Sales & Service, Inc.

831 East Broadway
 Louisville, KY 40204
 502-589-5555
 1-800-633-8921

L MAIN OFFICE
 O CARROLL COUNTY HIGH
 C SCHOOL
 A 1706 HIGHLAND AVE
 T CARROLLTON KY
 I
 O
 N

PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 1 1/2% PER MONTH (18% ANNUALLY)

INV # 425396 1

INV DATE 02/03/14

TERMS: NET 30 DAYS
 UNLESS NOTED BELOW

CUSTOMER NO.	MODEL AND SERIAL NO.	EQUIPMENT ID.	REPRESENTATIVE	PROG. TYPE
LS4009	F4001 7915102654	ZL434		QJM
DATE: 01/03/14	PREVIOUS METER: 632728	DATE: 02/01/14	CURRENT METER: 639559	
	INVOICE PERIOD: 01/01/14	TO: 02/01/14	PO Number:	
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
TOTAL CPC	RATE == .01100			
6831	5CRC99	ITEM# RENT/MAINT CPC	37.57	
6831	4CRELA	MFP CHARGEABLE COPIES BLK LABOR/MAINT	22.34	
6831	4CREPA	ITEM# EXCESS MFP LABOR MFP CHARGEABLE COPIES BLK PARTS/MAINT	5.46	
6831	4CRESP	ITEM# EXCESS MFP PARTS MFP CHARGEABLE COPIES BLK SUPPLIES/MAINT ITEM# EXCESS MFP SUPP	9.77	
IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE, PLEASE CALL 502-560-0787				
			SUBTOTAL 75.14	
			TOTAL DUE 75.14	

Comments: MONTHLY DSS RENTAL-INCLUDES LABOR
 PARTS, DRUM, TONER, DEV & STAPLES EXCL PAP

Duplicator Sales & Service, Inc.

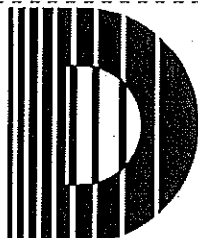
R 831 East Broadway
 E Louisville, KY 40204
 M (502) 589-5555
 I T 1-800-633-8921
 T O

Customer Number: LSS101
 Invoice Number: 422514 1
 Invoice Date: 01/16/14
 Total Due: \$340.91

B
 I CARROLL COUNTY BOARD OF
 L EDUCATION
 L 813 HAWKINS ST
 O CARROLLTON KY 41008

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 or call (502) 589-5555 for details.

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 Louisville, KY 40204
 502-589-5555
 1-800-633-8921

L LIBRARY
 O CARROLL COUNTY HIGH
 C SCHOOL
 A 1706 HIGHLAND AVE
 T I O N
 I CARROLLTON KY

PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 1 1/2% PER MONTH (18% ANNUALLY)

INV # 422514 1

INV DATE 01/16/14

TERMS: NET 30 DAYS
 UNLESS NOTED BELOW

CUSTOMER NO.	MODEL AND SERIAL NO.	EQUIPMENT ID.	REPRESENTATIVE	PROG. TYPE
LSS101	F7001 7095600414	ZH865		QJM
DATE: 12/20/13	PREVIOUS METER: 1800338	DATE: 01/21/14	CURRENT METER: 1831330	
	INVOICE PERIOD: 12/21/13	TO: 01/21/14	PO Number:	
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
TOTAL CPC	RATE = .01100			
30992	5CRC99	ITEM# RENT/MAINT CPC	201.14	
30992	4CRELA	MFP CHARGEABLE COPIES BLK LABOR/MAINT	83.37	
30992	4CREPA	ITEM# EXCESS MFP LABOR MFP CHARGEABLE COPIES BLK PARTS/MAINT	20.14	
30992	4CRESP	ITEM# EXCESS MFP PARTS MFP CHARGEABLE COPIES BLK SUPPLIES/MAINT ITEM# EXCESS MFP SUPP	36.26	
IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE PLEASE CALL 502-560-0787				
			SUBTOTAL	340.91
			TOTAL DUE	340.91

Comments: MONTHLY DSS RENTAL-INCLUDES LABOR
 PARTS, DRUM, TONER, DEV & STAPLES EXCL PAP

Duplicator Sales & Service, Inc.

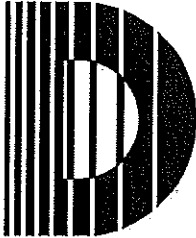
R 831 East Broadway
 E Louisville, KY 40204
 M (502) 589-5555
 I T
 T 1-800-633-8921
 O

Customer Number: LSS101
 Invoice Number: 422512 1
 Invoice Date: 01/16/14
 Total Due: \$281.00

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 L EDUCATION
 L 813 HAWKINS ST
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 O CARROLLTON KY 41008

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 502-589-5555
 1-800-633-8921

L RM 218 2ND FL COPY ROOM
 O CARROLL COUNTY HIGH
 C SCHOOL
 A 1706 HIGHLAND AVE
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PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 1 1/2% PER MONTH (18% ANNUALLY)

INV # 422512 1

INV DATE 01/16/14

TERMS: NET 30 DAYS
 UNLESS NOTED BELOW

CUSTOMER NO.	MODEL AND SERIAL NO.	EQUIPMENT ID.	REPRESENTATIVE	PROG. TYPE
LSS101	F6001 6995600451	ZH868		QJM
DATE: 12/20/13	PREVIOUS METER: 1937263	DATE: 01/21/14	CURRENT METER: 1962808	
	INVOICE PERIOD: 12/21/13	TO: 01/21/14	PO Number:	
QUANTITY	CODE NO.	DESCRIPTION	AMOUNT	
TOTAL CPC	RATE = .01100			
25545	5CRC99	ITEM# RENT/MAINT CPC	165.79	
25545	4CRELA	MFP CHARGEABLE COPIES BLK LABOR/MAINT	68.72	
25545	4CREPA	ITEM# EXCESS MFP LABOR MFP CHARGEABLE COPIES BLK PARTS/MAINT	16.60	
25545	4CRESP	ITEM# EXCESS MFP PARTS MFP CHARGEABLE COPIES BLK SUPPLIES/MAINT	29.89	
		ITEM# EXCESS MFP SUPP		
IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE PLEASE CALL 502-560-0787				
			SUBTOTAL 281.00	
			TOTAL DUE 281.00	

Comments: MONTHLY DSS RENTAL-INCLUDES LABOR
 PARTS, DRUM, TONER, DEV & STAPLES EXCL PAP

Duplicator Sales & Service, Inc.

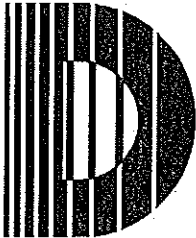
R 831 East Broadway
M Louisville, KY 40204
I (502) 589-5555
T
O 1-800-633-8921

Customer Number: LSS101
Invoice Number: 393945 1
Invoice Date: 09/17/13
Total Due: \$1,581.79

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L CARROLL COUNTY BOARD OF
L EDUCATION
T 813 HAWKINS ST
O CARROLLTON KY 41008

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C RM 218 2ND FL COPY ROOM
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T SCHOOL
I 1706 HIGHLAND AVE
N CARROLLTON KY

PLEASE PAY FROM THIS INVOICE
OVERDUE ACCOUNTS WILL BE CHARGED A LATE
PAYMENT FEE OF 1 1/2% PER MONTH (18% ANNUALLY)

INV # 393945 1

INV DATE 09/17/13

TERMS: NET 30 DAYS
UNLESS NOTED BELOW

CUSTOMER NO.	MODEL AND SERIAL NO.	EQUIPMENT ID.	REPRESENTATIVE	PROG. TYPE
LSS101	F6001 6995600451	ZH868		QJM
DATE: 08/21/13	PREVIOUS METER: 1734966	DATE: 09/20/13	CURRENT METER: 1878765	
INVOICE PERIOD: 08/21/13		TO: 09/21/13	PO Number:	
QUANTITY	CODE NO	DESCRIPTION	AMOUNT	
TOTAL CPC	RATE = .01100			
143799	5CRC99	ITEM# RENT/MAINT CPC	933.26 -	
143799	4CRELA	MFP CHARGEABLE COPIES BLK LABOR/MAINT	386.82 -	
143799	4CREPA	ITEM# EXCESS MFP LABOR MFP CHARGEABLE COPIES BLK PARTS/MAINT	93.47 -	
143799	4CRESP	ITEM# EXCESS MFP PARTS MFP CHARGEABLE COPIES BLK SUPPLIES/MAINT	168.24 -	
IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE PLEASE CALL 502-560-0787		ITEM# EXCESS MFP SUPP		
			SUBTOTAL 1,581.79	
			TOTAL DUE 1,581.79	

Comments: MONTHLY DSS RENTAL-INCLUDES LABOR
PARTS, DRUM, TONER, DEV & STAPLES EXCL PAP

Duplicator Sales & Service, Inc.

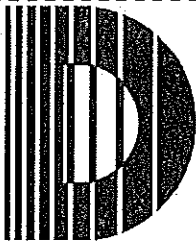
R 831 East Broadway
 E Louisville, KY 40204
 M (502) 589-5555
 I T 1-800-633-8921
 T O

Customer Number: LSS101
 Invoice Number: 393947 1
 Invoice Date: 09/17/13
 Total Due: \$502.72

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 L EDUCATION
 T 813 HAWKINS ST
 O CARROLLTON KY 41008

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 502-589-5555
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PLEASE PAY FROM THIS INVOICE
 OVERDUE ACCOUNTS WILL BE CHARGED A LATE
 PAYMENT FEE OF 1 1/2% PER MONTH (18% ANNUALLY)

INV # 393947 1

INV DATE 09/17/13

TERMS: NET 30 DAYS
 UNLESS NOTED BELOW

CUSTOMER NO.	MODEL AND SERIAL NO.	EQUIPMENT ID.	REPRESENTATIVE	PROG. TYPE
LSS101	F7001 7095600414	ZH865		QJM
DATE: 08/24/13	PREVIOUS METER: 1656235	DATE: 09/20/13	CURRENT METER: 1701936	
	INVOICE PERIOD: 08/21/13	TO: 09/21/13	PO Number:	
QUANTITY	CODE NO	DESCRIPTION	AMOUNT	
TOTAL CPC	RATE = .01100			
45701	5CRC99	ITEM# RENT/MAINT CPC	296.60	
45701	4CRELA	MFP CHARGEABLE COPIES	122.94	
		BLK LABOR/MAINT		
45701	4CREPA	ITEM# EXCESS MFP LABOR	29.71	
		MFP CHARGEABLE COPIES		
		BLK PARTS/MAINT		
45701	4CRESP	ITEM# EXCESS MFP PARTS	53.47	
		MFP CHARGEABLE COPIES		
		BLK SUPPLIES/MAINT		
		ITEM# EXCESS MFP SUPP		
IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE PLEASE CALL 502-560-0787				
			SUBTOTAL 502.72	
			TOTAL DUE 502.72	

Comments: MONTHLY DSS RENTAL-INCLUDES LABOR
 PARTS, DRUM, TONER, DEV & STAPLES EXCL PAP

Phelps, Sheree L - CCHS Bookkeeper

From: Thompson, Kimberly <kthompson@duplicatorsales.net>
Sent: Wednesday, February 19, 2014 9:26 AM
To: Phelps, Sheree L - CCHS Bookkeeper
Subject: FW: Invoice 425396-LS4009
Attachments: 425396.pdf

Thanks!

Kim Thompson

From: Thompson, Kimberly
Sent: Tuesday, February 11, 2014 4:27 PM
To: 'sheree.phelps@carroll.kyschools.us'
Subject: Invoice 425396-LS4009

Sheree,

Attached is the original invoice numbered 425396 per request. I have moved the payment, Check # 069192, to the correct invoices numbered 419182, 414861, 414863, and 419822. Also, I spoke to Carol in billing about the September invoices numbered 393945 and 393947. She advised that even though the September readings were higher than the actual readings, the billing has now been caught up. Please see below for details.

ZH868		ZH865
September	\$1,581.79	\$502.72
October	\$180.51	\$432.69
November	\$43.21	\$301.45
December	\$419.76	\$348.27
January	\$281.00	\$340.91

The average per month for the last five invoices on ZH868 is \$501.25, which is comparable to last year and what you are used to seeing each month. The average for ZH865 is actually lower this year than last at \$385.21. Let me know if you have any further questions. Again, we apologize for any inconvenience. We appreciate your business. Have a great day!

Thanks!

Kimberly Thompson
Collections Specialist

Duplicator Sales & Service, Inc.



GALT HOUSE HOTEL
The Heart of Louisville

140 NORTH FOURTH ST.
 LOUISVILLE KY 40202

Weedman, Michael


1706 Highland ave
 Carrollton, KY 41008

Confirmation Number: 95097159-1
 Room Number: 1176
 Room Type: ESQQ
 No. of Guests: 3

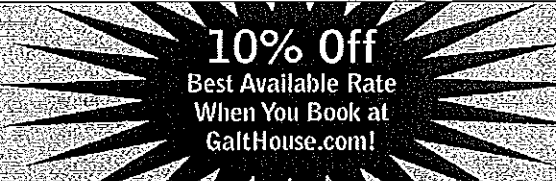
ARRIVAL	DEPARTURE	RATE PLAN
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02/14/2014	02/16/2014	GSPORT
------------	------------	--------

DATE	DESCRIPTION	COMMENT	AMOUNT
02/14/2014	ROOM GROUP		132.00 USD
02/14/2014	LOCAL TRANSIENT FEE		9.90 USD
02/14/2014	STATE TRANSIENT FEE		1.32 USD
02/15/2014	ROOM GROUP		132.00 USD
02/15/2014	LOCAL TRANSIENT FEE		9.90 USD
02/15/2014	STATE TRANSIENT FEE		1.32 USD
TOTAL DUE:			286.44 USD



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The Heart of Louisville



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 Best Available Rate
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 GaltHouse.com!

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 Select dates and enter 10%OFF in code box under "Promotional" in Rates and Packages area.
 Check availability and complete reservation.
 Subject to availability and not applicable to special event rates or group reservations.



GALT HOUSE HOTEL

The Heart of Louisville

140 NORTH FOURTH ST.
LOUISVILLE KY 40202

Weedman, Michael2/2

1706 Highland ave
Carrollton, KY 41008

Confirmation Number: 53890496-1

Room Number: 1178

Room Type: ESQQ

No. of Guests: 3

ARRIVAL	DEPARTURE	RATE PLAN
---------	-----------	-----------

02/14/2014	02/16/2014	GSPORT
------------	------------	--------

DATE	DESCRIPTION	COMMENT	AMOUNT
------	-------------	---------	--------

02/14/2014	ROOM GROUP		132.00 USD
02/14/2014	LOCAL TRANSIENT FEE		9.90 USD
02/14/2014	STATE TRANSIENT FEE		1.32 USD
02/15/2014	ROOM GROUP		132.00 USD
02/15/2014	LOCAL TRANSIENT FEE		9.90 USD
02/15/2014	STATE TRANSIENT FEE		1.32 USD

TOTAL DUE:	286.44 USD
------------	------------



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When You Book at
GaltHouse.com!

To make reservations, go to www.galthouse.com
and select "Book Online".
Select dates and enter 10%OFF in code box
(under "Promotional" in Rates and Packages area).
Check availability and complete reservation.

Subject to availability and not applicable to
special event dates or group reservations.

(339)

Kentucky Association of School Councils
859/238-2188
Post Office Box 784
Danville, KY 40423

Invoice

Date	Invoice No.
07/31/13	9590

CK # 68125 ✓
301.25
68183 ✓
293.25
68931
301.25

Bill To
Carroll Co. Bd. of Education Attn: Gerda Wise PO Box 90, 813 Hawkins St. Carrollton, KY 41008

RECEIVED
2-17-14
sp

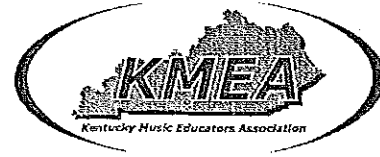
P.O. Number	Tax Exempt number
	B-661

Item	Description	Rate	Quantity	Amount
3x2D	Intro SBDM over two dates (total 6 hours)	500.00	2	1,000.00
Materials	District Rate July 29th & 30th, 2013	4.00	15	60.00
T-mileage.	Standard Workshop Materials per person	0.47	300	141.00
	Mileage for trainer			
	<p>The balance on this invoice is \$305.25. While we appreciate the partial payments, the balance is 6 months past due. Please let us know what we can do to help with your final payment. Nan 859/238-2188 · nan@kasc.net</p>			
			<i>High School</i>	
			Total	\$1,201.00

Balance 305.25

SEND PAYMENT TO:
 KENTUCKY MUSIC EDUCATORS ASSOCIATION
 P.O. BOX 1058
 RICHMOND, KY 40476-1058
 (859) 626-5635

Invoice



Bill To:
CARROLL COUNTY HIGH SCHOOL 1706 HIGHLAND AVENUE CARROLLTON, KY 41008

Date	Invoice No.	P.O. Number	Terms	Project
01/13/14	2967	1840103	Due on receipt	

Item	Description	Quantity	Rate	Amount
MEM CONF REG	14 PRE-REG MEM - SCOTT BRAWNER		75.00	75.00
Please remit to above address.			Total	\$75.00

___ MASTERCARD ___ VISA ___ DISCOVER

NAME ON CARD _____ CARD NUMBER _____

3 DIGIT-CODE _____ EXPIRATION DATE _____ SIGNATURE _____

2014 Kentucky Track & Cross Country Coaches Association
Track & Field & Cross Country Clinic

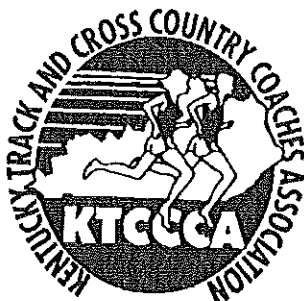
The Clarion

1950 Newtown Pike • Lexington, KY 40511

859-233-0512 • Fax – 859-259-0982 (Sales)

www.clarionhotelllex.com

January 3-4



Coaches,

Find below preliminary details on the 2014 KTCCCA Track & Field Clinic at the Clarion (formerly known as Holiday Inn North or the Holidome), so you can plan your schedule.

Clinic Host Motel – Clarion Hotel 1950 Newtown Pike (Exit 115 off I-75/64)

Lexington, Kentucky 859-233-0512 Ask for Track & Field Clinic rate Room rate \$89 Includes full breakfast.

Vendors will again be available. I (fmiklavcic@aol.com) am coordinating vendors. If you know of anyone interested in being a vendor, have them contact us.

Price of the clinic includes lunch Friday, lunch Saturday, and KTCCCA/USATF Awards Banquet at 3:00 Saturday. **Please indicate on the clinic form which meals you will be attending. This is extremely important for me in planning the catering for the clinic.**

More info and details on clinicians will be available in the next few weeks. Tentative Schedule

Friday January 3

Sessions 8:00/9:05/10:10/11:15
12:15 Luncheon
1:15/2:20/3:25/ 4:30 sessions
5:30 KTCCCA Meeting

Saturday January 4

8:00/9:05/10:10
11:15 Lunch
11:45/12:45/1:45 sessions
3:00 KTCCCA/USATF 2014 Awards Banquet

Check www.ktccca.org for updated clinic schedule

Frank Miklavcic 502-320-2264

KTCCCA Clinic Director

2014 KTCCCA Track & Field & Cross Country Clinic
 The Clarion Hotel, Lexington, Ky
 Enrollment Form
 January 3-4

PLEASE indicate which meals you will be at so we can plan the catering

School Carroll County High School

Coach's Name	Email Address	Lunch Friday	Lunch Sat.	Banquet Sat.
<u>Christin Stoops</u>	<u>christin.stoops</u>	<u>✓</u>	<u>✓</u>	<u> </u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

@ Carroll
 Ky schools
 vs

Return to Frank Miklavcic 319 Erin Way, Frankfort, Ky 40601 Make checks payable to KTCCCA
 Updated info and schedule will be available at www.ktccca.org There is no discount for attending only one day.

_____ Coaches @ \$45 KTCCCA members	=	_____
<u>1</u> Coaches @ \$75 non-KTCCCA members	=	<u>1</u>
	Total	<u>75.00</u>

Susan Bolger
Box Office Manager
NKU Department of Theatre and Dance
(859) 572-5464
Bolgers1@nku.edu

Group Sale Contract

Organization: Carroll County High School

Contact: Tamara Cady

Address: 1706 Highland Ave

City, State, Zip: Carrollton, KY 41008

Phone: (502)732-7075

E-Mail: tamara.cady@carroll.kyschools.us

NKU Department of Theatre & Dance has reserved: 21 Tickets

For the Performance of: *Monty Python's Spamalot*

On this Day, Date and Time: Friday, April 25, 2014 @ 10:00 AM

The cost of each ticket is: \$10.00

For a total sale of: \$200.00 ... (payment for 20 student tickets PLUS 1 complimentary chaperone tickets...one comp for every 20 tickets purchased)

Payment for all seats is due by: March 22, 2014

Please make checks payable to Northern Kentucky University

Discover, MasterCard and Visa accepted

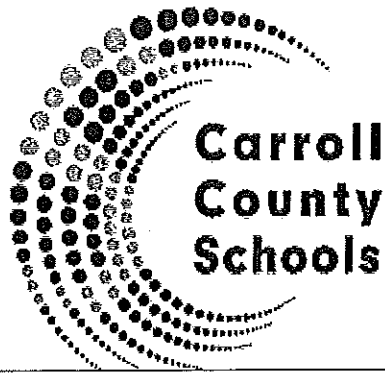
Please confirm the information listed above, and return one signed copy of the agreement to NKU at the address on the bottom of this form & mark it ATTENTION THEATRE BOX OFFICE.


Signature of Box Office Representative


Signature of Contracting Group



Ms. Lisa James, Superintendent
 Mr. William J. Hogan, Assistant Superintendent/CAO
 Ms. Pam Williams, Elementary Instructional Supervisor
 Mr. Larry Curell, Chief Operations Officer/DPP
 Mr. Jon Conrad, CFO



"A Champion For Kids"
 813 Hawkins Street
 Carrollton, Kentucky 41008
 Phone: 502-732-7070
 Fax: 502-732-7073
www.carroll.kyschools.us

#7208

TRAVEL EXPENSES

This form must be completed with all receipts attached for expenses paid by the CCBOE.

Name: SHEREE Phelps Date: 2-17-14

Conference or Meeting: Bank & BOE trips for month of Jan 2014

Mileage from Carrollton to Bankland or BOE and return

Round-trip Mileage 57.6 x \$0.45 (1/01/14 - 3/31/14) \$25.92

Parking

Cost of Lodging

Meals

Day 1	Breakfast.....	_____
	Lunch	_____
	Dinner.....	_____
Day 2	Breakfast.....	_____
	Lunch	_____
	Dinner.....	_____
Day 3	Breakfast.....	_____
	Lunch	_____
	Dinner.....	_____
Day 4	Breakfast.....	_____
	Lunch	_____
	Dinner.....	_____
	TOTAL.....	<u>\$25.92</u>

Signature SHEREE Phelps Approved by Thomas Sherr

Meals shall be reimbursed according to the following guidelines:
 OVERNIGHT TRIPS ONLY NOT TO EXCEED \$40.00 PER DAY

Invoice # _____ Invoice Date _____ Amount _____
 Check # _____ Check Date _____

0181077 . 0581 SECT6

Updated 1/03/14

JANUARY 2014				
DATE	BANK ONLY	BANK & BOE OFFICE	BOE	
1/2/2014	2.8			
1/6/2014		5.4		
1/8/2014		5.4		
1/9/2014	2.8			
1/15/2014	2.8			
1/16/2014		5.4		
1/17/2014		5.4		
1/21/2014	2.8			
1/22/2014		5.4		
1/23/2014	2.8			
1/27/2014	2.8			
1/29/2014		5.4		
1/30/2014			3.0	
1/31/2014		5.4		
TOTALS	16.8	37.8	3.0	
	TOTAL MILES			57.6



STANDARD INVOICE

This invoice should be sent directly to the local Board of Education for payment. Do not send to the State Office.

DATE: 2-10-14

Carroll County Board of Education 813 Hawkins Street Carrollton, Kentucky 41008

Name of Vendor Stanley Scott Schimer Social Security Number 404-84-6005

Address _____

All invoices must be promptly made out in required form and filed with the Board in writing, itemized and verified according to law. A properly prepared invoice shows exact kind of services, where, when and by whom performed; also time and rate per day or hour and is signed by the vendor or his authorized representative.

QTY.	ITEM OR WORK DONE	ORG NUMBER	UNIT	AMOUNT
	Reimb for Coaching Class			75 ⁰⁰

Vendor's Certification 0181025 0338 HATH TOTAL 75.00

I hereby certify that the above is a correct statement of amount due from the above named Board of Education for articles furnished or services rendered as itemized.

Vendor Leave Blank

Signed Stanley Scott Schimer

Org No. _____
Check No. _____
Amount Paid _____
Date Paid _____

Approved for Payment by: _____

7236

STANDARD INVOICE

This invoice should be sent directly to the local Board of Education for payment.
Do not send to the State Office.

DATE: 1-10-14

Carroll County Board of Education 813 Hawkins Street Carrollton, Kentucky 41008

Name of Vendor Christin Stoops Social Security Number _____


Address _____

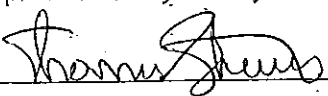
All invoices must be promptly made out in required form and filed with the Board in writing, itemized and verified according to law. A properly prepared invoice shows exact kind of services, where, when and by whom performed; also time and rate per day or hour and is signed by the vendor or his authorized representative.

QTY.	ITEM OR WORK DONE	ORG NUMBER	UNIT	AMOUNT
	<u>Reimb for Coach Training</u>			<u>75⁰⁰</u>

TOTAL 7500

Vendor's Certification
I hereby certify that the above is a correct statement of amount due from the above named Board of Education for articles furnished or services rendered as itemized.

Signed 

Approved for Payment by:


Vendor Leave Blank

Org No. 01810250338 HATH
Check No. _____
Amount Paid _____
Date Paid _____