

BALDWIN COUNTY BOARD OF EDUCATION
CAMPS / CLINICS WORKSHEET

A. INFORMATION ON OPERATION OF CAMP & CLINIC:

Name of School: _____

Name of Director/Clinician: _____

Address: _____

Social Security OR Employee # of Director: _____

Dates of Clinic: _____

Description of Clinic: _____

B. FINANCIAL INFORMATION:

Total amount of entry fees collected (Receipts must be on file) _____

Cost of Insurance coverage retained by school. _____

\$ -

(Details of coverage and check documentation must be on file)

Enter number of days. Type an "X" in the highlighted box on the left to select the lesser amount.

(Select only one box)

☐ 15% of Entry Fees:

BCBE-Use of Facility Fee: 15% <u>or</u>
\$250 per day. Whichever is Less.

☐ \$250.00 ☐ day(s): _____

Remaining amount of entry fees less Use of Facility: \$ - (Net Fees) \$ -

☐ Use of facility waived - Approved by Superintendent/Designee

C. DISBURSEMENT OF FUNDS:

Type an "X" in the highlighted box on the left to choose-Payment to Employee or Non-BCBE Employee

(Select only one box)

☐ **Regular Employee of Board of Education**

80% of Net Fees Issued to BCBE for Employee Payroll *** _____

20% of Net Fees Retained by School _____

BCBE for Facility Use \$250 per day or 15% (Lessor of the two) _____

Total Salary and Board Facility Use Fee to be issued to BCBE

(Code expense to BCBE: Actv Fd-5-9910-923-Cctr-Sfnd-0-9700-0000)

☐ **Contract for Professional Services (Non-BCBE Employee/1099 Vendor)**

50% of Net Fees Paid to Director/Clinician by School _____

50% of Net Fees Retained by School _____

BCBE for Facility Use \$250 per day or 15% (Lessor of the two) _____

Total Board Facility Use Fee to be issued to BCBE

(Code expense to BCBE: Actv Fd-5-9910-923-Cctr-Sfnd-0-9700-0000)

\$ -

_____	_____
Assistant Superintendent	Date
_____	_____
Principal's Approval	Date

**THIS FORM MUST BE EMAILED TO JOANNE COX AND PATSY CHASTANG AT CENTRAL OFFICE.
MS. CHASTANG WILL DEBIT THE SCHOOL'S BANK ACCOUNT FOR THE TOTAL EMPLOYEE
SALARY AND/OR FACILITY USE FEE. MS. COX WILL SUBMIT TO PAYROLL UPON APPROVAL.**

Note: Taxes & benefits will be deducted from the 80% Net Fee total when payroll check is issued to the employee. The employee will receive 80% Net Fees less taxes/benefits.

For Central Office Use Only:

Salary Code: 11-5-1100-199-8100-6001-0-1900-9024

Approved for Payment: _____

Date: _____

Director of Finance