



**JOY HOFMEISTER**

**STATE SUPERINTENDENT OF PUBLIC INSTRUCTION  
OKLAHOMA STATE DEPARTMENT OF EDUCATION**

**Memorandum**

**TO:** The Honorable Members of the State Board of Education

**FROM:** Joy Hofmeister

**DATE:** September 12, 2016

**SUBJECT:** Approval Request for Reimbursement of Late Claims – Special Education Services

Pursuant to Oklahoma Administrative Code rule 210:25-3-7 (12), “forms requesting reimbursement against any federal program section of the State Department of Education must be received or postmarked on or before August 1 every year.”

Jones Public School has provided a good cause letter of explanation and are in payable form. State Board approval is requested.

JH/tl

Attachments



# Jones Public Schools

9200 N. HIWASSEE  
JONES, OKLAHOMA 73049  
405-399-9215

**HIGH SCHOOL**  
405-399-9122

**MIDDLE SCHOOL**  
405-399-9114

**ELEMENTARY SCHOOL**  
405-399-9118

State Superintendent Joy Hofmeister  
And  
The Honorable Oklahoma State Board of Education  
Oklahoma State Department of Education  
2500 N. Lincoln Boulevard  
Oklahoma City, OK 73105

August 22, 2016

Dear Superintendent Hofmeister and Honorable State Board of Education,

Please accept this formal request for a waiver of the federal claim deadline of August 1, 2016. Due to a staff change, this claim was not submitted in a timely manner. A new staff member has been assigned to correct this issue.

Please accept this one-time request as these funds are severely needed by the school.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dr. Johnson', written over a light blue circular stamp.

Dr. Carl Johnson  
Superintendent

PRESCHOOL 3-5  
SUMMARY EXPENDITURE REPORT

County: OKLAHOMA	CODE: 55 County	I009 District	Fund: 11
	District: JONES PUBLIC SCHOOLS		FY 2016
Project No: 641	Amount of Approved (budgeted) Project		Fiscal Year Budgeted
Name PRESCHOOL 3-5			2,904.96

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the federal award. I am aware that false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. 2 CFR 200.415

Signature  (Chief Executive Officer / Authorized Representative)

Date: 12 / 5 / 15

Reporting Period 07/01/2015 thru 10/31/2015

Beginning Approved (budgeted) Balance 2,904.96

Function Description	Object Description	Function Code	Object Code	Amount Paid
Spch Path & Aud Svc	Purch Prof & Tech Sv	2150	300	2,871.86
Total (of all pages)				2,871.86
ENDING APPROVED BALANCE				33.10

PRESCHOOL 3-5  
DETAILED EXPENDITURE REPORT

County: OKLAHOMA	CODE: 55      1009 County      District	Fund: 11
	District: JONES PUBLIC SCHOOLS	
Project No: 641	Amount of Approved (budgeted) Project	FY 2016 Fiscal Year Budgeted 2,904.96
Name PRESCHOOL 3-5		

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the federal award. I am aware that false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. 2 CFR 200.415

Signature  Date: 12 / 5 / 15  
(Chief Executive Officer / Authorized Representative)

Reporting Period 07/01/2015 thru 10/31/2015

Beginning Approved (budgeted) Balance      2,904.96

Po No	Date of P.O.	Warrant No.	Date Paid (mm/dd/yy)	Function- Object Code	Person or Vendor	Amount Paid
144	08/07/15	781	10/12/15	2152320	SHELLEY RYLAND	2,871.86
Project-Reporting Total						2,871.86

**JONES PUBLIC SCHOOLS**

9200 N HIWASSEE RD

JONES, OK 73049-7317

Phone: (405) 399-9215 Fax: (405) 399-9212

**PURCHASE ORDER****NUMBER: 144****Multiple Warrants**

To: SHELLEY RYLAND  
SPEECH PATHOLOGIST  
9409 FOREST DALE DR  
OKLAHOMA CITY, OK 73151  
Phone: (405) 771-3115

Date of Purchase Order: 07 Aug 2015

## CONDITIONS:

1. Invoices to be rendered in duplicate.
2. No payment to be made until order complete.
3. Goods to be delivered F.O.B. as per address in upper left.
4. Exempt from Sales Tax per state statute.
5. Deliveries acknowledge subject to Purchaser's Inspection.

## Ship To:

JONES ELEMENTARY SCHOOL  
CINDY HARRISON  
13145 MONTANA  
JONES, OK 73049  
ATTN: TRESA NEWKIRK



Purchase Approved By: CARL JOHNSON

2015 - 2016 GEN FUND-FOR OPERAT - 11

QTY	Description						Unit Price	Total Price
PRJ	FUNC	OBJ	PRG	SUBJ	JOB	SITE		
112	2152	320	239	0000	000	105		
	SPEECH THERAPY SERVICES/ES							\$52,128.14
641	2152	320	239	0000	000	105		
	SPEECH THERAPY SERVICES/ES							\$2,871.86
Grand Total:								\$55,000.00

4149

**Bill to:** Jones Public Schools  
9210 N. Hiwassee Rd.  
Jones, OK 73049

**Remit Payment to:** Shelley Ryland  
9409 Forest Dale Drive  
Oklahoma City, OK 73151

Purchase Order Number: 88  
Vendor:  
Invoice Date: 9/30/15

Description	Hourly Rate	Hours Worked	Total
Speech Pathologist Services	65.00	87	5655.00

Shelley Ryland (electronic signature)

Signature

Banda  
Dean 9/30/15

Split Invoice  
Project 641: \$2871.96  
Project 112: \$2783.14

#144

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112

2 783.14 \*

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2 871.86 +

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641

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