



Treasurer's Bond Application

1) SCHOOL DISTRICT INFORMATION

Name: _____

Address: _____ City: _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____

2) LOSSES

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

If yes, please attach a full description of the situation and the amount of any payment.

3) INVESTMENTS

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

b) Does the District invest in a liquid assets fund? Yes No If yes, which fund? _____

4) DISTRICT TREASURER INFORMATION

Name: _____ Business Phone: _____

Home Address: _____ Home Phone: _____

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

5) REQUEST

a) Issue New Bond Effective Date: _____ Date of last audit: _____

Was audit free from criticism? Yes No

b) Continue Existing Bond # _____ Anniversary Date: _____

c) Amend Existing Bond # _____ Date of Change: _____

Change Bond Amount: **From** _____ **To** _____

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

Other Change _____

6) TREASURER'S BOND AMOUNT *(Information from Annual Financial Report)*

a) Receipts/Revenues (Current): \$ _____

b) Tax Anticipation Warrants/Notes \$ _____

c) Fund Balances: \$ _____

***Bond Amount Requested: \$ _____**

Total of the Above \$ _____

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.

7) SIGNATURES

District Treasurer: _____ Date: _____

District Superintendent: _____ Date: _____

Print Superintendent Name: _____

Print Superintendent Email: _____