

(Mo-Yr: 07-2019-09-2019)

CHECK#	DATE	VENDOR	ADDRESS	DESCRIPTION	AMOUNT
001823	07/15/19	REGENGE BLUE SHIELD OF IDAHO	PORTLAND, OR 97208-2597	EE PAID HEALTH	793.71
001828	07/15/19	IDAHO STATE TAX COMMISSION	BOISE, ID 83707-0076	STATE TAX	710.00
001847	07/15/19	**PAYROLL TRANSFER**	.	BRINDEL TURPIN	1,245.88
001848	07/15/19	**PAYROLL TRANSFER**	.	AARON LEE	2,664.38
001850	07/15/19	REGENGE BLUE SHIELD OF IDAHO	PORTLAND, OR 97208-2597	HEALTH INS	793.71
001855	07/15/19	IDAHO STATE TAX COMMISSION	BOISE, ID 83707-0076	STATE TAX	725.00
001889	08/08/19	AMERICAN FALLS SCHOOL DISTRICT	AMERICAN FALLS, ID 83211	TWO SCHOOL BUSES	7,500.00
001890	08/15/19	2M DATA SYSTEMS	Orem, UT 84057	ANNUAL ACCOUNTING SUBSCRIPTOIN	535.00
001891	08/15/19	FRED BALL	BLACKFOOT, ID 83221	DRIVERS ED REIMBURSEMENT	3,625.00
001892	08/15/19	IDAHO SCHOOL BOARD ASSOCIATION	BOISE, ID 83707-4797	CHARTER SCHOOL MEMBER DUES	831.13
001893	08/15/19	MARK FISK	BLACKFOOT, ID 83221	new charter directors meeting	351.44
001894	08/15/19	PRB OIL COMPANY LLC	BLACKFOOT, ID 83221	GAS FOR MAINT TRUCK	497.99
001895	08/15/19	Yorgason Law Offices, pllc	Boise, ID 83713	LILYA PUBLIC RECORDS AND CUP APP	150.00
001896	08/15/19	Project Lead the Way, Inc.	Indianapolis, IN 46240	PLTW ENGINEERING FEE	3,000.00
001897	08/15/19	IDAHO DIGITAL LEARNING	BOISE, ID 83707	ONLINE LEARNING	1,875.00
				ONLINE LEARNING	75.00
				online learning	150.00
001898	08/15/19	LISA PATRICK	BLACKFOOT, ID 83221	IDAHO PREVENTION AND SUPPORT CONF	169.07
001899	08/15/19	PREVENT FIRE	Pocatello, ID 83206	ANNUAL SERVICE	66.25
001900	08/15/19	OGDENS POINT S	BLACKFOOT, ID 83221	TIRES FOR DE CAR	337.16
001901	08/15/19	SHAR PRODUCTS COMPANY	ANN ARBOR , MI 48104	CELLO STRINGS	16.69
001902	08/15/19	PETERSON, MOSS, HALL, & OLSEN	IDAHO FALLS, ID 83402	LEGAL FEES FOR CUP APPLICATION	10,818.00
001909	08/19/19	BINGHAM ACADEMY	.	EMPLOYER SHARE FICA - 082019	382.50
				EMPLOYER SHARE M/C - 082019	552.60
				EMPLOYER SHARE FICA - 082019	231.72
				EMPLOYER SHARE FICA - 082019	2,009.85
				Employers share FICA - 082019	159.37
				EMPLOYER SHARE FICA - 082019	61.20
001910	08/19/19	PUBLIC EMPLOYEE RETIREMENT SYS	BOISE, ID 83720-0078	RETIREMENT SICK LEAV - 082019	432.76
				EMPLOYER SHARE PERSI - 082019	655.00
				EMPLOYER SHARE PERSI - 082019	3,453.51
				Employer Share PERSI - 082019	272.92
				EMPLOYER SHARE PERSI - 082019	917.99
005159	07/15/19	Woodbury Corporation	Salt Lake City, UT 84109	RENTAL	10,386.15
005163	07/15/19	Cable One	Phoenix, AZ 85062-8000	INTERNET	767.00
005169	07/15/19	BRYSON SALES AND SERVICE	CENTERVILLE, UT 84014-0789	BUS	1,100.00
005172	07/15/19	BANK OF IDAHO	IDAHO FALLS, ID 83403-1487	MORTGAGE LOAN	1,200.00

# Re: reimbursement

**Lisa Patrick**

to me

So I believe the following is correct.. Milage 142 each way ( $184 * .58 = 164.72$ )

Registration - \$190

Room - \$160

Meals....

Tuesday dinner (26.95)

Wednesday all meals (49)

Thursday breakfast and dinner (39.20)

Friday breakfast and dinner (39.20)

Total cost = \$669.07

Minus scholarship of \$500

Total owed is \$169.07

On Mon, Aug 12, 2019, 4:08 PM Steve Bailey <[sbailey@bcclc.com](mailto:sbailey@bcclc.com)> wrote:

\$49 per day, 12.25 breakfast, 17.15 lunch, 26.95 dinner.

Steve Bailey - Controller

Blackfoot Charter Community Learning Center and

Bingham Academy





Check #: 001893 Date: 08/15/19 Vendor: 001430 MARK FISK

BINGHAM ACADEMY

PO # ACCT

000000 100-641313-000-000-0

INVOICE #  
REIMBURSEMENT

DESCRIPTION  
new charter directors meeting

1893





Check #: 001891 Date: 08/15/19 Vendor: 000850 FRED BALL

BINGHAM ACADEMY  
PO # ACCT  
000000 241-515300-000-000-0

INVOICE #

DESCRIPTION  
DRIVERS ED REIMBURSEMENT

1891

**IDAHO STATE DEPARTMENT OF EDUCATION  
PUBLIC DRIVER EDUCATION CLAIM FOR REIMBURSEMENT**



**Submit Claim with Final Student List**

School District Number:  District Name:

\*Claim Period: Start Date:  through End Date:  # of Classes:

Contractor Only:	Company Name:	Contractor Fee:	Student Fee:

**STUDENTS (Attach Student List)**

1 ENROLLED STUDENTS	Total Enrolled:			
Reimbursed at 100%		<input type="text" value="29"/>		
Reimbursed at 100%	Passed:	<input type="text" value="28"/>		Completed 30 hours of instruction
Reimbursed at 50%	Failed:	<input type="text" value="1"/>		Completed 30 hours of instruction
Not reimbursed	Dropped or Failed:	<input type="text" value="0"/>		Completed 16-29 hours of instruction
	Transferred Out or Failed:	<input type="text" value="0"/>		Completed 0-15 hours of instruction

2 REIMBURSABLE STUDENTS

**EXPENSES TO DISTRICT**

				SUB-TOTALS	
3 SALARIES					
Classroom Instructors	<input type="text" value="\$25.00"/>	Hourly Wage	<input type="text" value="46"/>	Classroom Hours	<input type="text" value="\$1,150.00"/>
In-Car Instructors	<input type="text" value="\$25.00"/>	Hourly Wage	<input type="text" value="336"/>	In-Car Hours	<input type="text" value="\$8,400.00"/>
4 AUTOMOBILES		# of miles of in-car instruction	<input type="text" value="5236"/>	x .58/mile	<input type="text" value="\$3,036.88"/>
5 MISC. COSTS (benefits, administration, physicals, training, curriculum materials, dual brake, signs, printing, lease, rent, etc.)					
6 IDLA Course Cost to School District	Fee Paid by District <input type="text" value="\$75.00"/>	# of Students <input type="text" value="0"/>			<input type="text" value="\$0.00"/>
7 TOTAL COSTS				<b>TOTAL =</b>	<input type="text" value="\$12,586.88"/>
8 Income Collected	Fee Student Paid <input type="text" value="\$90.00"/>	x	# of Students <input type="text" value="28"/>		<input type="text" value="\$2,520.00"/>
	Fee Paid by Adv Opts <input type="text" value=""/>		# of Students <input type="text" value="0"/>		<input type="text" value="\$0.00"/>
	Fee Paid to IDLA by student <input type="text" value="\$75.00"/>		# of Students <input type="text" value="0.00"/>		<input type="text" value="\$0.00"/>
9 DISTRICT TOTAL	(Line 7 minus Line 8)			<b>NET TOTAL =</b>	<input type="text" value="\$10,066.88"/>
<b>REIMBURSEMENT</b>					
10 REIMBURSABLE STUDENTS	<input type="text" value="29"/>	x	\$125		<input type="text" value="\$3,625.00"/>
11 ELIGIBLE REIMBURSEMENT	(Enter lowest figure from line 9 or 10)			<b>REIMBURSEMENT</b>	<input type="text" value="\$3,625.00"/>

**SUBMITTED BY**

Fred Ball  
Printed Name  
[Signature]  
Signature/Date

208-785-0381  
Phone Number  
fball@beck.com  
Email Address

**SECTION BELOW THIS LINE TO BE COMPLETED BY SDE STAFF ONLY**

Amount to be Reimbursed:

State Driver Education Program Coordinator

Date

Once you receive funds for reimbursement from the SDE no adjustments to the amount paid or the original reimbursement form will be made.

*TO FRED  
After Paid to  
E.A.*