

NAME OF SCHOOL **READINGTON TOWNSHIP SCHOOL DISTRICT**
COUNTY **HUNTERDON**

TYPE OF AUDIT **ANNUAL**

DATE OF BOARD MEETING **November 12, 2013**

CONTACT PERSON **STEFFI-JO DECASAS, SCHOOL BUSINESS ADMINISTRATOR**

TELEPHONE NUMBER **(908) 534-2195**

RECOMMENDATION NUMBER	CORRECTION ACTION APPROVED BY THE BOARD	METHOD OF IMPLEMENTATION PERSON RESPONSIBLE FOR IMPLEMENTATION	COMPLETION DATE OF IMPLEMEN- TATION
1. Administrative Practices and Procedures	None – No recommendations		
2. Financial Planning, Accounting and Reporting	None – No recommendations		
3. School Purchasing Programs	None – No recommendations		
4. School Food Service	None – No recommendations		
5. Student Body Activities	None – No recommendations		
6. Application for State School Aid	None – No recommendations		
7. Pupil Transportation	None – No recommendations		
8. Facilities and Capital Assets	None – No recommendations		
9. Miscellaneous	None – No recommendations		
10. Follow-up on prior year findings	None – No recommendations		

BARBARA SARGENT
SUPERINTENDENT

11/12/2013

STEFFI-JO DECASAS
BOARD SECRETARY/SCHOOL BUSINESS ADMINISTRATOR