



Lanesville Community School Corporation

Dr Ryan Apple
Superintendent

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INTERNAL CONTROL TRAINING CERTIFICATION FOR ELECTED OFFICIALS, APPOINTEES, AND EMPLOYEES

I, _____, the duly elected, appointed, or employed (print name) _____ for _____ certify that I (position or title) (political subdivision) received the following training concerning internal controls standards and procedures as required by Ind. Code § 5-11-1-27(g)(2):

Title of Training

Time Spent

Internal Controls _____

27 minutes

Date: _____

Signature

* This certification may be printed, signed, and retained in paper form or electronically. If signed electronically, the elected official, appointee, or employee must designate his or her signature by typing the last four (4) digits of their Social Security number in the signature line.