



Authorization for Imprest Fund Expenditure

INVOICE AMOUNT

OF LINES

0

FISCAL YEAR

VENDOR # / SSN

1099:

(ENTER Y IF 1099 EARNINGS)

VENDOR NAME (PAYEE)				
VENDOR NAME CONT'D (OPTIONAL)				
STREET (MAILING) ADDRESS (Number & Street, Room or Apartment #)				
City		State		Zip Code
INVOICE REMARKS (Enter invoice # or enter name of conference & location)				INVOICE DATE
CHARGE TO DISTRICT				
SFX	QUICK CODE	LOCATION	OBJECT	AMOUNT
1				
2				
3				

SUPPORTING DOCUMENTATION MUST BE ATTACHED

<p>BRIEF DESCRIPTION OF ITEMS/SERVICES PURCHASED</p> <hr/> <hr/> <hr/> <hr/>	<p>REASON / JUSTIFICATION FOR PURCHASE</p> <hr/> <hr/> <hr/> <hr/>
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RECEIPT OF GOODS/SERVICES
I certify that the items indicated on the attached documentation were received in satisfactory condition and are to be used for educational/business purposes.

PRINT NAME OF RECEIVER OF GOODS/SERVICES _____

SIGNATURE OF RECEIVER OF GOODS/SERVICES _____ DATE _____

FOR CENTRAL BUSINESS OFFICE USE ONLY

EXPENDITURE APPROVAL
I approve the expenditure certifying that it is necessary for the conduct of the educational or administrative program and is in accordance with the rules and regulations of the Board of Education. Funds have been made available to process this invoice/claim.

INITIAL HERE IF THIS IS A REQUEST FOR AN EMERGENCY CHECK FROM THE CENTRAL BUSINESS OFFICE (CBO)
I am requesting an emergency check in the amount indicated in the "Invoice Amount" box, for the purposes stated above. Preliminary documentation is attached. I understand that I must furnish all required documentation to the Central Business Office within 30 days of the date of purchase or return the full amount of check.

AUDITED BY _____ CHECK # _____

DATE OF CHECK _____

Check picked-up by _____ Date _____

PRINT NAME OF APPROVING OFFICER _____

SIGNATURE OF APPROVING OFFICER _____ DATE _____

FOR ON-LINE IMPREST FUND USERS ONLY

TICKLER NUMBER
(must be entered below)

ENTERED BY _____ DATE _____

AUTHORIZED BY _____ DATE _____