

USE OF FUNDS REQUEST FORM

PRE-AUTHO	PRIZATION O	FISCAL TRANSACTIONS	3
Request Date: Requestor:		Account Balance:	
Purpose for Request:			
Requested Amount:	(Select one)	Check to Vendor or I	Reimbursement
Approved Not Approved (Re	eason)		
Principal's Signature:	ipal's Signature: Date:		
	CHECK AUT	HORIZATION	
Check Payable to:		Category Cod	e:
Invoice Number			
Check Number:			
	nt Name	Account Number	\$
Check Amount: \$		Check Date:	
Description of Expenditure:			
If making a payment to an individual for a sertracking. The payee must complete forms W-9 check must be submitted to Accounts Payable Instructions: (1)Complete as many fields as possible. (2) Who or original receipt(s). (3) Submit to Principal for Principal's Approval:	an Independent (in an effort to mo en requesting rein or approval to pay	Contractor Agreement (ICA). These onitor payments system wide. abursement, attach original invoice. (4) Submit to Regional for approve	two forms and a copy of the e(s) al to pay over \$5000.00.
Authorization to Print Check for Payment	Date:		
Regional Approval: Authorization Required for Purchases over \$5000.00	0	Date:	
	TRANSFER	R OF FUNDS	
Transfer Amount \$	School	books Batch Number	
Account Number		Account Name	
From:			
To:		-	
Explanation:			
Submitted By:		Date:	
Principal's Approval: Authorization to Process Transfer		Date:	