

USE OF FUNDS REQUEST FORM

PRE-AUTHORIZATION OF FISCAL TRANSACTIONS				
	equested By: Account Balance:		t Balance:	
Purpose for Request:	Please Print)			
Requested Amount:	(Select one) Check to	Vendor or R	eimbursement	
Requested Amount: (Select one) Check to Vendor or Reimbursement Approved Not Approved (Reason)				
Principal Signature:	Date:			
CHECK AUTHORIZATION				
Check Payable to:		Category Code:		
Invoice Number:	Invoi	ce Date:		
Check Number:	Amoi	Amount Due:		
Accounts to be Charged:	Account Name Acco	ount Number	Amount to Pay \$ \$	
Check Date:		Check Amount:		
Description of Expenditure:				
If making a payment to an individual for a service provided or a non-corporate entity, federal regulations require 1099 tracking. The payee must complete forms W-9, Independent Contractor Agreement (ICA), and/or Immigration and Security documents (if applicable). These two forms and a copy of the check must be submitted to Accounts Payable in an effort to monitor payments system wide. <u>Instructions:</u> (1) Complete prior to purchase. (2) Attach Quotes, Shopping Carts, etc. to support request for all purchases. (3) Submit to Principal for approval to use local funds and/or make purchases. (4) Submit to Regional (only) for purchase approvals of \$5001.00 or more.				
Principal's Signature:		Date:		
Authorization to Print Check for Pau Regional Signature:	ıment			
Authorization Required for Purchases over \$5000.00 (\$5001.00 +)				
TRANSFER OF FUNDS				
Transfer Amount \$ Schoolbooks Batch Number				
Account N	lame & Number	Account Spo	onsor Name	
From:				
То:				
Explanation:				
Submitted By:(Please Print Name)	Signature:		Date:	
Principal's Signature: Date: Authorization to Process Transfer				