ABC UNIFIED SCHOOL DISTRICT REQUEST FOR PAYMENT THROUGH IMPREST FUND BUDGET CODING FORM

DEPARTMENT:	DATE:		
RECEIPT INFORM Receipts need to be requesting a check fi		n order to allow time for pour to submitted. If the very	processing. When endor uses a cash
	eceipts on the reverse side. Use additional shee		IME (DO NOT
DESCRIPTION: (PL	EASE INDICATE THE PURPOSE OF THE	PURCHASE)	
PERSON REQUEST	ING CHECK (PRINT NAME):		
VENDOR:			
ADDRESS:			
MAKE CHECK PAY	ABLE TO:		
	(Administrator/Designee	Only)	
BUDGET NUMBER: Note: Use of Title I, Title I	I, or Title III funds require district approval.		
ADMINISTRATOR'S A Note: Administrator should	AMOUNT \$ AMOUNT \$ Inot approve their own payment request. Payment	request for administrator should	ld be submitted to Cheryl
	iddle School) or Susan Hixson (High Schools) for rs complete this section if Federal funds (Ti		rchasa food
ACTIVITY	ALLOWED	ADMINSTRATOR'S SIGNATURE Administrators retain back-up documents in their department (e.g. agenda, minutes, etc.).	DISTRICT APPROVAL Title I – Lisa Davis Title II – Carol Castro Title III – Beth Bray
Professional Development, Meetings, etc.	Professional Development lasting 3.5 hours or more: AM Training 8:00 – 11:30 Breakfast only PM Training 12:00 – 3:30 Lunch only AM and PM Training (5 or more hours) Both meals		
Food for Staff Celebrations (Holidays, celebrate high student achievement, etc.)	Not allowed		
Food for Parent Meetings and Education	Reasonable snacks for parent meetings (water, coffee, cookies, etc.) or parent education. Lunch or dinner for parent education sessions lasting two or more hours.		