

**INSTRUCTIONS:** Submit both copies to the school office for verification of availability of funds and authorization to proceed with the purchase. Upon authorization, a copy will be returned to the requester. To be paid, the original detailed billing documentation, such as invoice or register tape (for school purchases ONLY) must be submitted to the school office and attached to this request. If reimbursement will be requested from MCPS, a photocopy of that billing documentation must be made and attached to this request.

**PART A: TO BE COMPLETED BY REQUESTER**

School Number: \_\_\_\_\_ Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payable to: \_\_\_\_\_

Requested by: \_\_\_\_\_ Amount of this request: \$ \_\_\_\_\_

Account to be charged: \_\_\_\_\_ Balance in this account: \$ \_\_\_\_\_

Reason for and description of purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Requester* *Date* *Signature, Financial Agent* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Principal* *Date*

**PART B: TO BE COMPLETED BY FINANCIAL AGENT**

Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Original detailed billing documentation sent to MCPS: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reimbursement received from MCPS: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date* *Date*

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Account to be charged: \_\_\_\_\_ Balance in this account: \$ \_\_\_\_\_

Reason for and description of purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Requester* *Date* *Signature, Financial Agent* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Principal* *Date*

**PART B: TO BE COMPLETED BY FINANCIAL AGENT**

Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Original detailed billing documentation sent to MCPS: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reimbursement received from MCPS: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date* *Date*