

Office of Shared Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INDEPENDENT ACTIVITY FUNDS
REQUEST FOR A PURCHASE

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: ____/____/____

Supplier/Vendor Name: _____

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

MCPS Form 280-54, Rev. 8/01

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