NYC DEPARTMENT OF EDUCATION

BA/BCM 8527-CARFARE (REV. 4/97) MAC:PM5.0 FORMS:BA

Local Travel

Authorization for Imprest Fund Expenditure

INVOICE AMOUNT

OF LINES **0**

FISCAL YEAR

VENDOR # / SSN

1099: (ENTER **Y** IF 1099 EARNINGS)

SUPPORTING DOCUMENTATION MUST BE ATTACHED

VENDOR NAME (PAYEE)

VENDOR NAME CONT'D (OPTIONAL)

STREET (MAILING) ADDRESS (Number & Street, Room or Apartment #)

City | State | Zip Code

INVOICE REMARKS (Enter invoice # or enter name of conference & location) | INVOICE DATE

CHARGE TO DISTRICT

SFX	QUICK CODE	LOCATION	OBJECT	AMOUNT
1				
2				
3				

LEGEND

Give details of trips. Enter only one carfare or one trip on a line and indicate Travel Mode using code letter:

A - Subway/Bus
B - Bus
C - Surface Car (Taxi/Rental, etc.)
D - Private Vehicle
E - City owned vehicle (include 4 digit car code)

DATE	TRAVEL FROM	DESTINATION	TRVL MODE	PRIVATE VEHICLE MILEAGE	PRIVATE VEHICLE $0.25 x # OF MILES OR $7.50 / DAY	TOLLS/ FARES/ PARKING	DAILY OR TRIP TOTAL
					GRAND TOTAL		

RECEIPT OF GOODS/SERVICES - I certify that the account of expenditures is a true and correct statement of disbursements actually made by me for and on account of the NYC Department of Education; that the expenditures of the sums were authorized and necessary in the performance of official duties and that no payment has heretofore been requested or received by me for any part thereof.

PRINT NAME OF RECEIVER OF GOODS/SERVICES

SIGNATURE OF RECEIVER OF GOODS/SERVICES DATE

EXPENDITURE APPROVAL

I approve the expenditure detailed above certifying that it is necessary for the conduct of the educational or administrative program and is in accordance with the rules and regulations of the NYC Department of Education. Funds have been made available to process this invoice/claim.

INITIAL HERE IF THIS IS A REQUEST FOR AN EMERGENCY CHECK FROM THE CENTRAL BUSINESS OFFICE (CBO)

I am requesting an emergency check in the amount indicated in the "Invoice Amount" box, for the purposes stated above. Preliminary documentation is attached. I understand that I must furnish all required documentation to the Central Business Office within 30 days of the date of purchase or return the full amount of check.

PRINT NAME OF APPROVING OFFICER

SIGNATURE OF APPROVING OFFICER DATE

FOR CENTRAL BUSINESS OFFICE USE ONLY

AUDITED BY _____ CHECK # _____

DATE OF CHECK _____ Check picked up by _____ Date _____

FOR ON-LINE IMPREST FUND USERS ONLY

ENTERED BY DATE

AUTHORIZED BY DATE

TICKLER NUMBER (must be entered at right)

25-2700.02.3 (Rev. 4/97)

COPY 1 - FMC COPY 2 - FILE