

* = MUST COMPLETE



Department of Education

AUTHORIZATION FOR IMPREST FUND EXPENDITURE
Small Item Payment Process (SIPP)

VENDOR NUMBER



INVOICE AMOUNT

EMPLOYEE REFERENCE NUMBER

OF LINES

FISCAL YEAR

SSN (NON EMPLOYEES ONLY)

1099: (ENTER Y F 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	OBJECT CODE	LOCATION CODE	ACTIVITY CODE	AMOUNT
1		0485	EB44		*
2					
3					

BRIEF DESCRIPTION OF ITEMS/SERVICES PURCHASED

REASON/JUSTIFICATION FOR PURCHASE

RECEIPT OF GOODS/SERVICES

I certify that the items indicated on the attached documentation were received in satisfactory condition and are to be used for educational/business purposes.

PRINT NAME OF RECEIVER OF GOODS/SERVICES

SIGNATURE OF RECEIVER OF GOODS/SERVICES

EXPENDITURE APPROVAL

I approve the expenditure 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 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 the check.

PRINT NAME OF APPROVING OFFICER

SIGNATURE OF APPROVING OFFICER

DATE

FOR CENTRAL BUSINESS OFFICE USE ONLY

AUDITED BY:

CHECK #

CHECK PICKED UP BY:

DATE OF CHECK:

DATE:

FOR ONLINE IMPREST FUND USERS ONLY

TICKLER NUMBER
(must be entered below)

ENTERED BY:

DATE

AUTHORIZED BY:

DATE