

MONTGOMERY COUNTY PUBLIC SCHOOLS

Exception Request to Use Materials/Textbook Allocations for Furniture/Equipment Purchases

Office of Finance (OOF)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: Schools should use this form to request approval for an exception to use MCPS operating fund allocations for restricted purchases such as furniture or equipment. Complete Part A and submit as follows:

- For exceptions to use Category 04 (K-12 Resources), email to: SFOT@mcpsmd.org
- For exceptions to use Category 06 (Special Education Resources), forward to ATTN: Director, Department of Business, Fiscal, and Information Systems (DBFIS), CESC, Room 225

PART A (To be completed by school)

Request Date ____/____/____

SCHOOL INFORMATION

School _____ School Number _____ Phone No. ____-____-____

Principal _____ School Financial Agent _____

PURCHASE INFORMATION

Furniture/Equipment (F/E) Classification (check one)

- Instructional Equipment needed for classroom instruction (more than \$1,000 and less than \$5,000)
- Classroom Furniture (students and teachers) Office Equipment

Item Detail—Attach price quote or item detail from vendor site.

Item	UOM	Cost/Unit	Qty	Total Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Funds Required				_____

Vendor Name & Address _____

FUNDING SOURCE Category 04 (K-12 Resources) Category 06 (Special Education Resources)

Business Hub Account Number ____ - ____ - ____ - ____ - ____ - ____

Current Account Balance: \$ _____ Total Category Balance: \$ _____ F/E Account Balance: \$ _____

JUSTIFICATION: Explain why this purchase is needed to implement the instructional program and what consequences may result if this request is denied. **If additional details are provided in an attachment, check here:** _____

The principal must verify that use of these funds will not negatively impact the ability of the school to provide all required instructional materials needed to implement the curriculum for the current fiscal year.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature, Principal (Required) _____ Date ____/____/____

PART B—AUTHORIZATION (School and Financial Support Team/Office of Special Education–DBFIS)

Maintains existing instructional program Essential for student safety and security Special Program Need Available funds

Approved Not Approved, reason _____

Signature, OOF/DBFIS designee _____ Date ____/____/____