

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Restricted Independent Activity Fund (IAF) Purchases Request for the Deputy Chief of Finance's Approval

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

**BACKGROUND:** This form is used by schools to request approval to commit Independent Activity Funds for purchases that require higher-level approval from the deputy chief of finance.. **For guidelines and exceptions, refer to the MCPS Financial Manual, Chapter 20, Additional Required Procurement Approvals.** **INSTRUCTIONS:** PARTS A–D should be completed and signed by the principal. Attach IAF accounting report as required and forward to the deputy chief of finance, 15 W. Gude Drive, Suite 200.

**PART A—SCHOOL INFORMATION** (To be completed by school)

Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ School Number \_\_\_\_\_ Phone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Principal \_\_\_\_\_ School Financial Agent \_\_\_\_\_

**REQUEST FOR APPROVAL**—Check all that apply

- Staff Appreciation/Refreshment Waiver       Boxlight/Flat Panel Purchase
- Furniture Purchase of \$1,500 or more       Procurement requiring disbursement of \$7,500 or more and less than \$25,000
- Procurement requiring disbursement of \$25,000 or more

**PURCHASE DETAIL**—Attach price quote or item detail from vendor site.

Vendor Name \_\_\_\_\_

Item	Cost/Unit	Qty	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Purchase Amount</b>			_____

**WAIVER OF STAFF APPRECIATION/REFRESHMENT EXPENDITURE RESTRICTION**—Request to spend more than \$60 per staff member.

- Provide the following details:
  - Total staff count assigned as of October 31 \_\_\_\_ x \$60.00/staff member = \$ \_\_\_\_\_
  - Total spent for staff appreciation/refreshments in current fiscal year, to date: \$ \_\_\_\_\_
  - Amount of increase requested: \$ \_\_\_\_\_
- Attach Annual Spending Plan for staff appreciation & refreshments

**PART B—IAF FUNDING SOURCE INFORMATION FROM SCHOOLFUNDS ONLINE (SFO)**

SFO Account Number	SFO Account Name	Current Account Balance	Amount To Be Used	Origin of Funds in this Account (e.g., PTA/PTSA, donation, fundraising, etc.)

**JUSTIFICATION:** Explain how this purchase will impact the general welfare of students and the school's instructional or extracurricular activity program. What consequences may result if this request is denied? **If additional details are provided in an attachment, check here:**

\_\_\_\_\_

\_\_\_\_\_

**PART C—ATTACH DOCUMENTATION**

- Attach current SFO Trial Balance Report
- If all or part of the purchase amount is to be reimbursed by an outside source (e.g., PTA/PTSA, Boosters, Foundation, etc.), attach documentation of the commitment to reimburse (email, letter, grant award, etc.)
- Attach any contracting documents that require the Principal's signature.

**PART D—VERIFICATION**—Principal's signature verifies the accuracy of the information provided above.

Signature, Principal (Required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART E—AUTHORIZATION** (Deputy Chief of Finance)

- IAF funding review/verification \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Approved       Not Approved, reason \_\_\_\_\_
- Signature, Deputy Chief of Finance \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_