

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

Division of Financial Management  
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: [DFSS@mcpsmd.org](mailto:DFSS@mcpsmd.org)
- For exceptions to use Category 06 (Special Education Resources), forward to ATTN: Department of Special Education Systems and Management (DSES&M), CESC, Room 156

**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total Funds Required</b>				_____

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** (DFSS/DSES&M)

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

Approved     Not Approved, reason \_\_\_\_\_

Signature, DFSS/DSES&M director \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_