

Internal Audit Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INDEPENDENT ACTIVITY FUNDS
REQUEST FOR A PURCHASE

INSTRUCTIONS: Submit both copies to the school office for verification of availability of funds and authorization to proceed with the purchase. Upon authorization, a copy will be returned to the requester. To be paid, the original detailed billing documentation, such as invoice or register tape (for school purchases ONLY) must be submitted to the school office and attached to this request. If reimbursement will be requested from MCPS, a photocopy of that billing documentation must be made and attached to this request.

PART A: TO BE COMPLETED BY REQUESTER

School Name and Number: _____ Request Date: ____/____/____

Payable to: _____

Requested by: _____ Amount of this request: \$ _____

Account to be charged: _____ Balance in this account: \$ _____

Reason for and description of purchase: _____

_____/_____/_____
Signature, Requester *Date* *Signature, Financial Agent* *Date*

_____/_____/_____
Signature, Principal *Date*

PART B: TO BE COMPLETED BY FINANCIAL AGENT

Check Date: ____/____/____ Check Number: _____ Check Amount \$ _____

Original detailed billing documentation sent to MCPS: ____/____/____ Reimbursement received from MCPS: ____/____/____
Date *Date*

MCPS Form 280-54, May 2019

Internal Audit Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INDEPENDENT ACTIVITY FUNDS
REQUEST FOR A PURCHASE

INSTRUCTIONS: Submit both copies to the school office for verification of availability of funds and authorization to proceed with the purchase. Upon authorization, a copy will be returned to the requester. To be paid, the original detailed billing documentation, such as invoice or register tape (for school purchases ONLY) must be submitted to the school office and attached to this request. If reimbursement will be requested from MCPS, a photocopy of that billing documentation must be made and attached to this request.

PART A: TO BE COMPLETED BY REQUESTER

School Name and Number: _____ Request Date: ____/____/____

Payable to: _____

Requested by: _____ Amount of this request: \$ _____

Account to be charged: _____ Balance in this account: \$ _____

Reason for and description of purchase: _____

_____/_____/_____
Signature, Requester *Date* *Signature, Financial Agent* *Date*

_____/_____/_____
Signature, Principal *Date*

PART B: TO BE COMPLETED BY FINANCIAL AGENT

Check Date: ____/____/____ Check Number: _____ Check Amount \$ _____

Original detailed billing documentation sent to MCPS: ____/____/____ Reimbursement received from MCPS: ____/____/____
Date *Date*

MCPS Form 280-54, May 2019