

# Independent Activity Funds Request for Purchase of Goods or Services

**Division of Financial Management**  
15 West Gude Drive, Suite 200, Rockville, Maryland  
MONTGOMERY COUNTY PUBLIC SCHOOLS

## GENERAL INSTRUCTIONS

Use this form to confirm fund availability and authorize purchases for goods or services. (Refer to [DJA-RA, Procurement of Equipment, Supplies, and Services](#); [GCA-RA, Employee Conflict of Interest](#); and Chapter 15 of the [MCPS Financial Manual](#).)

- Required for all consultant/independent contractor services paid with Independent Activity Funds (IAF), regardless of amount.
- In accordance with [MCPS Regulation DIA-RB, Payments for Services and Reimbursements for Expenses from School Independent Activity Funds](#), MCPS employees—including current, retired, permanent, temporary, and part-time staff—must be paid through MCPS payroll processes and may not be paid as vendors or hired as contractors or consultants. Any IAF payments for services performed by MCPS employees must be processed through the MCPS payroll system using [MCPS Form 280-46](#).
- **Do not use this form to process payments to MCPS employees, except for reimbursements for approved goods.**
- Requests must be submitted at least **15 business days before service begins**.
- Vendor Verification (if applicable) must be completed and returned to the Financial Agent before work begins.

## PART A—REQUEST INFORMATION

School Name \_\_\_\_\_ Number \_\_\_\_\_ Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This request is for (choose one):

- Goods (items) Complete all parts, **except** for Part D.     Service/Consultant/Contractor (services) Complete all parts, **including** Part D.

Direct, unsupervised, or uncontrolled access to students (if applicable)?     Yes     No

Service/Consultant/Contractor dates (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Vendor/Payable to \_\_\_\_\_ Amount of Request \_\_\_\_\_

Address \_\_\_\_\_

Email (if applicable) \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Account to be charged \_\_\_\_\_ Available Account Balance \_\_\_\_\_

Reason for Purchase and/or Project Name and Description of Services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by: Requestor (Print Name)** \_\_\_\_\_

**Requestor Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## PART B—FUNDING & PROCUREMENT VERIFICATION (FINANCIAL AGENT)

Department of Procurement Thresholds and Required Documentation

[Systemwide Safety Programs](#) approval needed? (High risk purchases, i.e., playgrounds, inflatables, climbing walls, rides)     Yes     No

(Choose one)

- Less than \$1,500** (total expenditure or deposit + balance due), payment made via school check
    - W-9 sent to Department of Controller for services.     Districtwide Vendor Designation in SFO
  - Purchases of Goods or Services from \$1,500 to \$7,499. Requires HUB+ Approval**
    - HUB+ PO required (All documentation must be attached to the HUB+ Order)
    - HUB+ Vendor     W-9     Vendor quote required
    - [MCPS Form 235-40](#) for services only.
  - Restricted IAF Purchase** (Furniture \$1,500 or more, Boxlight/Flat Panel Purchase, or Purchase of goods or services \$7,500 or more)
    - Complete MCPS Form 281-54    Must also complete  MCPS Form 234-24 **if the request is between \$7,500 and \$24,999.**
    - HUB+ PO Required  
(All approved documentation must be attached to the HUB+ order)
    - \$25,000 or more—Requires Board approval (Department of Procurement solicits bids, if needed)
- \*Requisitions in HUB+ must not be submitted until all applicable documentation has been approved, including obtaining Board approval for purchases of \$25,000 or more.

*See [MCPS Financial Manual](#), Chapter 15 for exceptions.*

**Financial Agent** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Financial Agent Email** \_\_\_\_\_ **Phone** \_\_\_\_-\_\_\_\_-\_\_\_\_

**PART C—PRINCIPAL APPROVAL**

By signing below, the Principal confirms that the expenditure is appropriate, aligns with MCPS regulations [DJA-RA, Procurement of Equipment, Supplies, and Services](#); [DJA-RB, Purchases of Materials and Equipment Using Nonappropriated Funds and Acceptance of Donated Items](#); and [GCA-RA, Employee Conflict of Interest](#) and that all necessary documentation is attached. In addition, the consultant/independent contractor's services and the reimbursement for expenses are in accordance with all applicable regulations, Chapter 15 of the [MCPS Financial Manual](#), Consultants and Independent Contractors and in compliance with the Contractor's Obligation regarding Criminal Records of Individuals Assigned to Work in MCPS Facilities.

Principal signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART D—BACKGROUND CHECK (for Services and Consultants only) & SAFETY REQUIREMENTS**

**FOR DEPARTMENT OF PROCUREMENT OFFICE ONLY**

Please submit the completed form to [procurement@mcpsmd.org](mailto:procurement@mcpsmd.org)

- Vendor Response Received, MCPS Form 235-40     W-9 received
- Hub+ Supplier Number
- Criminal Background check required?     Yes     No
- Consultant/Independent Contractor cleared to begin work.     Yes     No

Department of Procurement Authorization (if applicable) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Systemwide Safety Programs approval needed? (High risk purchases i.e playgrounds, inflatables, climbing walls, rides)     Yes     No

Email information at least **1 month prior** to order to: [Riskmanagement@mcpsmd.org](mailto:Riskmanagement@mcpsmd.org) and [Peter\\_Park@mcpsmd.org](mailto:Peter_Park@mcpsmd.org).

Systemwide Safety Authorization (if applicable) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART E—COMPLETION OF THE PROCUREMENT CYCLE (SERVICE)**

**IAF School Check/Direct Pay Process (Use only when total payment due is less than \$1,500)**

- Review/confirm that all documentation is complete and accurate
- Ensure that vendor's invoice is attached, signed/received, dated by the Sponsor/Project Manager
- Create a school check in SFO for the amount due to vendor
- ATTACH to the school check all documentation
- Send the IAF school check directly to the vendor; retain all back-up documentation at the school for audit records. DO NOT send copies to the Department of Controller.

Check Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Check Number: \_\_\_\_\_    Check Amount: \$ \_\_\_\_\_

**HUB+ Payment Process**

- Review/confirm that all documentation is complete and accurate.
- Ensure that vendor's invoice is signed/received and dated by the Sponsor/Project Manager; add purchase order number to invoice.
- Pull up the PO number in the HUB+ iProcurement Receiving module, and then receive the invoiced amount from the PO.
- FORWARD the vendor's invoice (signed/received) with the purchase order number to [accountspayables@mcpsmd.org](mailto:accountspayables@mcpsmd.org) to process payment.
- Retain all back-up documentation at the school for audit records and attach to the iPayment invoice. DO NOT send copies to the Department of Controller.

Requisition # \_\_\_\_\_ Purchase Order # \_\_\_\_\_ iPayment invoice # \_\_\_\_\_

Installment payment \_\_\_\_ of \_\_\_\_    Installment Amount \$ \_\_\_\_\_

Installment payment \_\_\_\_ of \_\_\_\_    Installment Amount \$ \_\_\_\_\_

Installment payment \_\_\_\_ of \_\_\_\_    Installment Amount \$ \_\_\_\_\_

**Final Distribution**—ORIGINAL: School Financial Agent; COPY 1: Sponsor/Project Manager.