Pre-Acquisition Approval Form

NOTES

Is this updated to reflect CIP/DIP?

Person Making Request: _____

Date: _____

Complete   Expenditure   Code:
_____

Campus: _____

Position: _____

CIP / DIP (circle one)   CIP   DIP

Goal, objective and strategy that references this expenditure:
_____

CIP/DIP Description_____

Funds requested: ☐ General   ☐ Title I C   Title III ☐
McKinney-Vento   ☐ Other
*   ☐ Title I, A   ☐ ☐ Title IV B   OEYP*
*   _____*
*   ☐   ☐ Title II, A   ☐ ☐ Carl Perkins   State Comp Ed ☐*
*   ☐*

Vendor   (check   made   to):
_____

Address: _____

Phone: _____   Fax:
_____

COST: _____   (Includes shipping)   Payment Method: ___PO
___Credit Card

Updated with proper funds available?

Brief description of the item(s) requested (also attach order form):

_____

_____

_____

Rationale supporting how this will increase student achievement:

_____

_____

_____

If this pre-acquisition is for staff development, please indicate how you will embed your

staff development training into practice on your campus or district.

_____
_____
_____

REQUIRED DOCUMENTATION

Parent Nights: Sign in sheets, flyers, original receipts for purchases

Meetings: Minutes from meeting, agenda, original receipts for purchases, sign-in sheet

Field Trips: List of students and teachers who attended, original receipts, documented in lesson plans with follow-up activities. If using District transportation, include a copy of transportation request form.

Travel/Staff Development:
Prior to travel: Statement of anticipated expense, mileage estimate, hotel confirmation, conference   registration.   If   using District transportation include copy of transportation request form.
After travel: Submit hotel folio (include list of names and positions, who roomed with whom), proof of attendance, receipts for meals, receipts for incidentals (parking, etc.)

Supplies: Copy of quotes, order form, invoice, packing slip

All receipts must be returned within 5 days.

Grade Level/Department Chair Approval

_____   _____
                Signature   *Date*

Principal/Supervisor Approval

_____   _____
                Signature   *Date*

Business Office Approval

_____   _____
                Signature   *Date*

Superintendent Approval

_____   _____
                Signature   *Date*