

MONTGOMERY COUNTY PUBLIC SCHOOLS**Restricted Independent Activity Fund (IAF) Purchases
Request for the Associate Superintendent 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 associate superintendent 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 associate superintendent of finance, CESC, Room 167.**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
_____	_____	_____	_____
_____	_____	_____	_____
Total Purchase Amount			_____

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 (Associate Superintendent of Finance)

- IAF funding review/verification _____ Date ____/____/____
- Approved Not Approved, reason _____

Signature, Associate Superintendent of Finance _____ Date ____/____/____