BOARD OF EDUCATION
OF THE CITY OF NEW YORK
BA/BCM 8527 (REV. 7/96) MAC:PM5.0 FORMS:BA

Authorization for
Imprest Fund Expenditure

INVOICE AMOUNT

OF LINES **0**

FISCAL YEAR

VENDOR # / SSN

1099: (ENTER **Y** IF 1099 EARNINGS)

VENDOR NAME (PAYEE)

VENDOR NAME CONT'D (OPTIONAL)

STREET (MAILING) ADDRESS (Number & Street, Room or Apartment #)

City   State   Zip Code

INVOICE REMARKS (Enter invoice # or enter name of conference & location)   INVOICE DATE

CHARGE TO DISTRICT

SFX	QUICK CODE	LOCATION	OBJECT	AMOUNT
1				
2				
3				

BRIEF DESCRIPTION OF ITEMS/SERVICES PURCHASED

REASON / JUSTIFICATION FOR PURCHASE

RECEIPT OF GOODS/SERVICES
I certify that the items indicated on the attached documentation were received in satisfactory condition and are to be used for educational/business purposes.

PRINT NAME OF RECEIVER OF GOODS/SERVICES

SIGNATURE OF RECEIVER OF GOODS/SERVICES   DATE

FOR CENTRAL BUSINESS OFFICE USE ONLY

AUDITED BY   CHECK #

DATE OF CHECK

Check picked-up by _____ Date _____

EXPENDITURE APPROVAL
I approve the expenditure certifying that it is necessary for the conduct of the educational or administrative program and is in accordance with the rules and regulations of the Board of Education. Funds have been made available to process this invoice/claim.

INITIAL HERE IF THIS IS A REQUEST FOR AN EMERGENCY CHECK FROM THE CENTRAL BUSINESS OFFICE (CBO)
I am requesting an emergency check in the amount indicated in the "Invoice Amount" box, for the purposes stated above. Preliminary documentation is attached. I understand that I must furnish all required documentation to the Central Business Office within 30 days of the date of purchase or return the full amount of check.

PRINT NAME OF APPROVING OFFICER

SIGNATURE OF APPROVING OFFICER   DATE

FOR ON-LINE IMPREST FUND USERS ONLY

ENTERED BY   DATE

TICKLER NUMBER
(must be entered below)

AUTHORIZED BY   DATE

25-2700.06.6 (Rev. 8/96)