

INSTRUCTIONS
This claim form is to be used only by members of the School Leadership Team to record attendance at team activities. Team members will complete the information in the first 3 sections of this claim form, and before June 1st of each school year, forward the original form to the team's Liaison for Financial Matters, who will confirm the attendance by signing in section 4. The Liaison for Financial Matters will forward the original claim to the Approving Officer at the appropriate Community School District or high school office for review, signature, completion of budget information and payment processing through the On-line Imprest Fund System. Fifteen business days from the time the central or district payment processing office receives the claim are needed for the check to be issued and received in the mail. This form is to be used by School Leadership Team Members in lieu of the standard "Authorization for Imprest Fund Expenditure Form."

SECTION I TEAM MEMBER INFORMATION		
District	School Name	
Name of Team Member		Social Security Number
Mailing Address (Number & Street)		Apartment Number
City	State	Zip Code

SECTION 2 ACTIVITIES						
Date of Activity MM DD YY			Activity Time Period Ex: From 6:00 P.M. to 8:00 P.M. From To		Total Hours	SECTION 3 TEAM MEMBER CERTIFICATION I certify that I have met the obligations as a member of the School Leadership Team and that I have participated in a combination of meeting service hours and training on the Comprehensive Educational Plan and Budget. (Remuneration is pro-rated \$10.00 per service hour up to 30 hours maximum.) <div>_____</div> <div>TEAM MEMBER SIGNATURE</div> <div>_____</div> <div>DATE</div>
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SECTION 4 LIAISON FOR FINANCIAL MATTERS CONFIRMATION	
I certify that the above claimant has met the obligations as a member of the School Leadership Team and that he/she has participated in the program's activities for the hours described in section two (2) above and shall be remunerated for fees incurred as a result of these activities.	
SIGNATURE OF LIAISON FOR FINANCIAL MATTERS	DATE

SECTION 5 FOR DISTRICT/CENTRAL OFFICE USE ONLY						
FUNDS ARE AVAILABLE - CHARGE TO:						
DISTRICT	LOCATION CODE	QUICK CODE	OBJECT CODE	\$AMOUNT	PAYMENT PROCESSED ON-LINE	
I approve this 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 and applicable funding source guidelines. <div>_____</div> <div>SIGNATURE OF APPROVING OFFICER</div> <div>_____</div> <div>DATE</div>				_____ PROCESSED ON-LINE BY		_____ DATE
				_____ AUTHORIZED BY		_____ DATE