

# Pre-Acquisition Approval Form

**COSTS MUST BE ALLOWABLE, BE AUTHORIZED UNDER FEDERAL, STATE OR LOCAL LAWS, OR REGULATIONS, BE NECESSARY TO CARRY OUT THE INTENT OF THE GRANT, AND BE REASONABLE IN THE NATURE AND AMOUNT THAT WOULD BE INCURRED BY A PRUDENT PERSON UNDER THE CIRCUMSTANCES PREVAILING AT THE TIME THE DECISION IS MADE TO INCUR THE COST.**

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

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 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*