

MILLARD PUBLIC SCHOOL

Activity Fund Disbursement Request

(Building or Department)

To be completed by individual requesting check:

Amount requested: \_\_\_\_\_ Date: \_\_\_\_\_

Account to be charged: \_\_\_\_\_
(Name & Number)

1. Check should be made payable to:

Name: \_\_\_\_\_ Go r "K # or FTIN # \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Description of purchase: (see note\* below)

\_\_\_\_\_
\_\_\_\_\_

3. Requested by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Documentation attached should provide invoice, bill, receipt, or other showing what was purchased and the cost. If check is to be a reimbursement to an individual, proof of personal payment is required. Note: Purchases made with a personal check, credit card, and or cash may not be tax-exempt (under Nebraska Dept of Revenue guidelines.)

Approval of principal or budget manager:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Approval indicates that required documentation is attached and has been reviewed.

Note: For reimbursement to a principal or budget manager, the Assoc. Superintendent for General Administration will be the approver as well as the check signer.

\*If purchase includes food items for a meeting, an agenda and participant list must be attached.

To be completed by the bookkeeper:

Check Number: \_\_\_\_\_ Date Disbursed: \_\_\_\_\_

This form is to be used for payments to vendors and/or reimbursements to individuals for purchases made on behalf of the District. Payments to individuals for services requires the appropriate District form. The completed, signed form and all attachments are to be filed within the current Fiscal Year transactions.