



Salt Lake City School District

440 East 100 South SLC UT 84111

Your Best Choice

Required: School fills in tracking number. Use current date mmddy format(only 1 digit for the year) Followed by an Alpha Letter A-Z. Each tracking number must be unique at your school.

School Pymnt Request Form Tracking #

SCHOOL - Payment Request Form

SCHOOL & Location # _____

Check To: _____

Address _____

Employee ID # _____

Must be 6 digits. Make sure you print your address.

OR

Tax ID # or SS# _____

SS# if paying Individual that is not an employee; Fed. Tax ID if paying a Business(9 Digits)

Phone # _____

Amount	Account Number				If submitting for reimbursement Where were items purchased	Description List room number first if appropriate (i.e., RM 5)
	PROG	FUNC	LOC	OBJ		
Receipt # _____	_____	_____	_____	_____	_____	_____
Receipt # _____	_____	_____	_____	_____	_____	_____
Receipt # _____	_____	_____	_____	_____	_____	_____
Receipt # _____	_____	_____	_____	_____	_____	_____
Receipt # _____	_____	_____	_____	_____	_____	_____
Receipt # _____	_____	_____	_____	_____	_____	_____
Receipt # _____	_____	_____	_____	_____	_____	_____
Receipt # _____	_____	_____	_____	_____	_____	_____
Total not to exceed \$1,000.00					You MUST make a Copy of this form and all Invoices, Receipts, for your file / backup.	

Payment Approved by: _____

Principal / Administrator Signature

Date

I verify that the above vendor has delivered goods or services to my satisfaction, and/or the reimbursement meets all the guidelines of District policies. I hereby authorize payment.

Instructions:

- Request for reimbursement must be submitted within 60 days of the date of purchase. All receipts dated prior to 6/30 must be submitted by 7/15, or they will not be reimbursed. Purchases made in July and August must be submitted by October 31.
- No payment may exceed \$1,000. If tracking number (upper right hand corner) is not filled in, form will be returned.
- If **PREPAYMENT** is required, attach School Payment Request Prepay Memo and follow Prepay Memo's instructions. Dist Document Cntr
- No Travel is to be paid:** (Mileage, Per Diem, Hotel, or Out of Town conference registration)
- All **ORIGINAL** documentation must be attached to the School Payment Request form. You must include detailed invoices(listing everything purchased), and proof of Payment (required on Amazon). Tape all receipts securely to an 8.5X11 piece of paper(one side only) Cut if necessary. DO NOT discard any part of receipt Must show vendor name and date purchased on receipt. See Instructions Dist Doc Cntr
- For reimbursement to employees: Put **Employee ID number & address** on the form (must match employee online)or it will be returned.
- Sales Tax is **NOT reimbursable**.
- Sufficient funds must be available in applicable budgets. Program 0010 can only be used for supply type items - No food -
- Gifts can not be purchased with district funds (flowers, gift certificates, etc.)
- No reimbursements for technical items including: computers, monitors, tablets etc.
- NO** reimbursement for DISTRICT PURCHASING CARDS (Visa, Sam's Club).
- Purchases made with gift cards, reward points, store credit etc. will not be reimbursed. Please pay with cash, check, or credit card.
- All **ADULT FOOD** must use the **1032 or 1033** program with **0630** object.
- Do not prepare a district requisition to request a P.O. for items purchased with a School Payment Request form.
- All guidelines regarding the School Payment Request will be strictly applied. (Please refer to the District Accounting manual).
- This request is to be completed and **RECEIVED** by the Accounts Payable office **7** working days prior to the time a check is needed. (If the form is incomplete or inaccurate, allow longer processing time).
- Independent contractor payments under \$1,000 must have the Independent Contractor form completed and attached.
- If you **ORIGINAL** a potential problem with the timing of a payment, please contact Accounts Payable at 578-8316 or 578-8317.

12/15/2018