



Special Revenue Expenditure Request Form

Department/Campus: _____ Date: _____ Grant Source: _____

Vendor: _____ Purchasing method: PO P-card – Cardholder: _____

Total Amount: \$ _____ Account Code: _____ Amount: \$ _____

Account Code: _____ Amount: \$ _____

Account Code: _____ Amount: \$ _____

Anticipated Impact: ___ # of Students ___ # of Teachers ___ Others: _____

You must answer the following questions in the space provided before your request can be considered:

1	Describe what is being purchased, including but not limited to brand, item type, how many units, cost per unit, etc.?						
2	Explain how the expenditure is reasonable and necessary to carry out the intent and purpose of the program?						
3	Add a screenshot of the related Goal, Objective, and Strategy.						
4	Please make sure to attach supporting documents – ie: vendor order form, quote(s), contract, or other applicable vendor info.						
5	<p>The “supplement, not supplant” provision is to help ensure grant funds are expended to benefit the intended population, rather than being diverted to cover expenses the LEA would have paid out of other funds in the event the grant funds were not available. Please check to ensure the following:</p> <table border="0"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>• This expenditure is an addition(extra) to the basic/required instructional program</td> </tr> <tr> <td><input type="checkbox"/></td> <td>• This is not a requirement by state law or Board Policy</td> </tr> <tr> <td><input type="checkbox"/></td> <td>• This was not previously funded with local funds</td> </tr> </table>	<input type="checkbox"/>	• This expenditure is an addition(extra) to the basic/required instructional program	<input type="checkbox"/>	• This is not a requirement by state law or Board Policy	<input type="checkbox"/>	• This was not previously funded with local funds
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<input type="checkbox"/>	• This was not previously funded with local funds						

*****By signing my name, I acknowledge I have reviewed all of the above for accuracy. I further acknowledge I may be held liable for items purchased that are not in compliance under the grant guidelines*****

Requestor:	Signature:	Date:
_____	_____	_____
Division Chief (if over \$5,000):	Signature:	Date:
_____	_____	_____
CFO (if over \$5,000):	Signature:	Date:
_____	_____	_____
Federal & State Programs:	Dr. Christopher Harvey	Signature:
_____	_____	_____

NOTE: This form is to be submitted prior to all special revenue expenditures. Failure to receive prior approval may result in personal liability. All *services* must be rendered between the beginning and ending dates of the grant. All *materials and equipment* must be delivered before the ending date of the grant and must be ordered and delivered in time to substantially benefit the current grant period and in no case after the ending date of the grant. All travel must occur by the ending date of the grant. In most instances, goods or services delivered near the end of the grant period are viewed by TEA as not necessary to accomplish the objectives of the current grant program and TEA may disallow the expenditures.

Expenditures without a detail description clearly connecting to the purposes outlined in the funding source application, will be denied. Revised 7/2023

Approved _____ Denied _____ Comments (if any) _____