



JEFFERSON PARISH SCHOOLS
GRANTS AND FEDERAL PROGRAMS
 501 MANHATTAN BOULEVARD
 HARVEY, LOUISIANA 70058
www.jpschools.org

DR. JAMES GRAY
 SUPERINTENDENT

YVETTE GAUTHREUX
 EXECUTIVE DIRECTOR
 FEDERAL PROGRAMS

PRE-APPROVAL REQUEST FORM

SCHOOL NAME _____

SCHOOL CODE _____ DATE _____

PERSON MAKING REQUEST _____

POSTAGE – 5 2214 534 (attach copies of items to be mailed)

PRINTING – 5 2214 550 (attach copies of items to be printed)

SUBSTITUTE – 5 2234 320 (attach substitute forms)

TRAVEL REIMBURSEMENT – 5 2234 582 (attach travel voucher with all items required for pre-approval on travel checklist)

CONSULTANT FOR TEACHER/PRINCIPAL PROFESSIONAL DEVELOPMENT- 5 2234 320 (attach contract)

CONSULTANT FOR STUDENTS – 5 1510 320 (attach contract)

REGISTRATION FOR STUDENT TESTING – 5 1510 590 (attach order form/invoice)

FIELD EXPERIENCE/ADMISSION – 5 1510 590 (attach lesson plan/cost of admission)

OTHER _____

REASON FOR REQUEST _____

TOTAL ESTIMATED EXPENDITURE _____ \$

REIMBURSEMENT REQUEST

Date: _____ CM/PO _____

Please reimburse _____

School Name/Vendor Name

a partial payment (listed in chart below) not to exceed the total amount of \$ _____

or a total payment of \$ _____.

Partial Payment Itemization

DESCRIPTION	PARTIAL PAYMENT AMOUNT	DATE	FEDERAL PROGRAM DESIGNEE

_____ Key Code

_____ Object Code

_____ General Ledger/EIC Code

_____ Principal's Signature

_____ Grants & Federal Programs

_____ Date