



# East Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

**Mr. Anthony DiCarlo**  
Interim Superintendent of Schools

**Dr. Daniel H. Shanahan**  
Assistant Superintendent of Funded Programs  
**845-577-6031**

**Office of Funded Programs**  
**845-577.6031**

School: \_\_\_\_\_

Submission Date: \_\_\_\_\_ \*\*\*PO Number: \_\_\_\_\_

Event /Activity Title: \_\_\_\_\_ Event/Activity Time: \_\_\_\_\_

Event/Activity Date(s): \_\_\_\_\_

Event/Activity Description: \_\_\_\_\_

Number of Attendees: Administrators: Teachers \_\_\_\_\_: Parents: \_\_\_\_\_ Students: \_\_\_\_\_ Other: \_\_\_\_\_

How does the activity relate to the purpose of your school's Title I program?

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

Vendor \_\_\_\_\_

Date of Invoice: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Invoice Amount: \_\_\_\_\_

Principal's printed name \_\_\_\_\_ Shopper's printed name: \_\_\_\_\_

Principal's Signature \_\_\_\_\_

\_\_\_\_\_

Funded Programs Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Submit this COMPLETED document to the Office of Funded Programs. NEW - Tally the number of participants in each category and complete the "Number of Attendees:" fields.
2. Enclose the event/activity flyer, bulletin, notice, etc. that was sent to parents/guardians to inform them of the purpose of this Title I event/activity.
3. Write PO number and enclose the original cash register receipt.
4. Enclose a copy of the separate Participant/Staff Sign-in sheets.

**The East Ramapo School District assumes no responsibility for inappropriately purchased items. Please see memorandum for information about acceptable activities and purchases.**