Fabens Independent School District
821 N.E. "G" Avenue
P.O. Box 697
Fabens, TX 79838
(P)915-765-2600 (F)915-764-3115

PRE-APPROVAL FOR EMPLOYEE PURCHASE & REIMBURSEMENT REQUEST

Employee Name: _____

Campus/Department: _____

Date of Request: _____

Purchase Information

Description of Item(s) to be Purchased:

Business Purpose/Justification:

Vendor: _____

Estimated Cost: $_____

Funding Source: ☐ General Fund ☐ Federal Funds (Grant: _____) ☐ Activity Funds ☐ Other: _____

Budget Code: _____

Date Purchase Will Be Made: _____

Employee Certification

I understand and certify that:

- This purchase is necessary for district business.
- I am requesting approval **before** making this purchase with personal funds.
- I understand that reimbursement is subject to available funds, district purchasing procedures, and submission of all required documentation.

Fabens Independent School District
821 N.E. "G" Avenue
P.O. Box 697
Fabens, TX 79838
(P)915-765-2600 (F)915-764-3115

- I understand that pre-approval does **not** authorize purchases that violate district policy, state law, grant requirements, or purchasing regulations.
- I will submit an itemized receipt and any additional required documentation for reimbursement.
- I understand that sales tax paid by the employee is not reimbursable.

Employee Signature: _____ Date: _____

Administrative Review

☐ Approved

☐ Denied

Comments:

Principal/Director Signature: _____ Date: _____

Required Documentation for Reimbursement

☐ Approved Pre-Approval Form

☐ Original Itemized Receipt

☐ Proof of Payment

☐ Business Purpose Verified

☐ Budget Code Verified

☐ Grant Allowability Verified (if applicable)

☐ Other: _____

Fabens Independent School District
821 N.E. "G" Avenue
P.O. Box 697
Fabens, TX 79838
(P)915-765-2600 (F)915-764-3115

Business Office Approval

☐ Approved

☐ Denied

Comments:

Business Office Signature: _____ Date: _____
