



East Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

Dr. Leslie Torres-Rodriguez
Superintendent of Schools

Dr. Daniel H. Shanahan
Assistant Superintendent of Funded Programs

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. Tally the number of participants in each category and complete the "Number of Attendees:" fields.
2. Attach 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. Attach 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.