



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

DR. CADE BRUMLEY
 SUPERINTENDENT

LISA GAUTREAU
 EXECUTIVE DIRECTOR
 INSTRUCTIONAL ALLOCATION

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 _____

OFFICE USE ONLY	
<input type="checkbox"/> scanned to folder	
<input type="checkbox"/> entered in T1 bud	
JB	JF

REASON FOR REQUEST _____

TOTAL ESTIMATED EXPENDITURE \$ _____

Federal Programs Designee Date R# TV#

REIMBURSEMENT REQUEST

Date: _____

Please reimburse _____
School Name/Company 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

CM# _____ C# _____

Key Code Object Code General Ledger/EIC Code

Principal _____ Federal Programs Designee _____ Date _____