









**From:** Earl Burke  
**To:** <<District Principals>>; Bookkeepers 2009  
**Date:** 8/13/2008 10:49 AM  
**Subject:** New Accounts Payable Check Request Form and Instructions  
**Attachments:** Accounts Payable Check Request.pdf; Accounts Payable Check Request-Sample.pdf

**CC:** Day, Julie; Gates, Vickie; Griffin, Rosie; Jones, Christie; ...  
Principals and Bookkeepers,

**See Attached File at the bottom on this page**

Attached below is a New Accounts Payable Check Request Form that you will use to request payment to reimburse individuals for incidental amounts that can not be dealt with in the regular purchasing process of the district. For example, reimbursement to a parent for book fines, payment of officials that are a last minute change, reimburse of items purchased, etc.

I stress that this form is for use only if payment requested could not be accommodate through the normal prior approval purchasing process, travel reimbursement, mileage reimbursement, etc.

Each of these requests must be filled out completely and will be rejected if for any reason another method of purchase was available and was not utilized.

Reimbursement of Sales tax is subject to my approval and will not be reimbursed if it is determined that use of this process circumvents normal purchasing procedures.

In a nut shell this process is designed to allow for the quick and timely reimbursement of items that are incidental and are not recurring. If you foresaw your need and did not follow normal procedures, I will reject your check request.

The PDF Form attached is designed to be typed into and can be printed by clicking a button in the top right of the form itself. This should ease completion.

**Instructions:**

1. Complete Payee Information
2. Mark whether Employee Yes or No
3. Provide TIN/SS#
4. Complete Special Instructions for Check. Do will mail directly to Payee or Return to School
5. Tell us how to code check
6. Provide explanation. If this explanation demonstrates a willful circumvention of the district purchasing policy or state law it will be rejected. The Superintendent and CFO will be made aware of abuses.
7. Signature and Approvals
8. Attach Documentation and send originals to Julie Day.

**Bookkeepers: This is the form you will use to do quick pays to parents. Please make them aware that checks will be mailed to them in 7-10 business days.**

Please make sure you understand the use of this form. If you have any questions please contact me, Vickie, Julie, or Rosie.

HINDS COUNTY DISTRICT SCHOOL  
BUSINESS OFFICE

## ACCOUNTS PAYABLE CHECK REQUEST

Complete this form for all items submitted for payment other than through the regular requisition/purchase order procedure. Attach all supporting documentation, such as, invoices, letters, bulletins, receipts, list of officials, list of etc.

**SEND FORM TO: ATTENTION - JULIE DAY. PAYMENT WILL BE MADE WITHIN 7-10 BUSINESS DAYS.**

**Note: Do not use this form to request reimbursement for travel, mileage, consultant payments, pre-paid lodging, or airline tickets. Funds must be available in the budget string(s) indicated below. Please be aware that HCS D is tax exempt. Reimbursement of sales tax is subject to the approval of the CFO and will be subject to further explanation.**

Payee Name John Doe

Payee Address 11111 Anywhere Lane  
SomeCity, Somestate 99999-4444

Pay Location Your School Code Here

Employee  Yes  NO

TIN/SS# 444-55-6666

Special Instructions for Check

**Check One (X)**

Mail to Payee

Return to Requestor

FUND	FUNCTION	LOC	PROJECT	OBJECT	Or	ORG CODE	OBJECT	AMOUNT \$
1151	1910	30	AF001	9610	Or	SA191030	9610	25.00
					Or			
					Or			
					Or			
					Or			
					Or			

**Explanation:** Reimburse Parent for Football Fee, Reimburse Parent cost of Textbook

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

(Administrator/Department/Principal)

### CENTRAL OFFICE USE ONLY

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

**JUSTIFICATION OF A NEED FOR OPEN PURCHASE ORDERS**

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**GENERAL DESCRIPTION OF THE COMMODITIES/SERVICES**

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**CERTIFICATION**

"This is to certify that only the commodities/services shown will be purchased and that no items currently covered by any other school district or state contract will be purchased under the terms of this purchase order without proper approval from the Business Manager. This procedure will not be used to separate purchases so as to circumvent any laws, regulation or policies of the State of Mississippi and Hinds County School District. If a violation is determined to have occurred, I understand I will be held personally liable for the total cost of purchases."

\_\_\_\_\_  
Name of Requestor

**School District Procedures for Open Purchase Orders for \$5000 or Less.**

All open requisitions for purchase orders for \$5000 or less must have the following either included on the requisition or attached:

- (1) A brief justification of the need for an open purchase order in lieu of normal P.O. procedures.
- (2) A general description of the commodities/services and the maximum amount per invoice.
- (3) The following certification shall appear on the purchase order:

"This is to certify that only the commodities/services shown will be purchased and that no items currently covered by any school district contract will be purchased under the terms of this purchase order without proper approval from the Business Manager. This procedure will not be used to separate purchases so as to circumvent any laws, regulations or policies of the State of Mississippi or any established policies and procedures of the school district. If it is found that the initiator or initiators knowingly violated state purchasing laws or the school district policy, that person or persons will be liable for the cost of all items purchased."



**CLUB/ORGANIZATION INFORMATION SHEET  
(STUDENT ACTIVITY FUND INFORMATION FORM)**

Name of Club/Organization (Do not abbreviate):

\_\_\_\_\_  
Name of Sponsor:

\_\_\_\_\_  
Names of Officers and their Titles:

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

Names of Clubs/Organization members authorized to request checks and to request account balances:

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

I understand that I will be held personally responsible for any overdrafts of this account. I further acknowledge that I will pursue collection of any returned checks deposited to this account. All withdrawals must be substantiated with receipts, invoices, or other appropriate documentation. Payments to individuals for services may not be made from these funds.

I have read and will abide by the policies and procedures as set forth by Hinds County School District.

Signed: \_\_\_\_\_  
Faculty/Staff Sponsor

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Student Officer

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Principal

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
CFO/Business Officer

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Superintendent

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Board Approved

Date: \_\_\_\_\_

