

FEDERAL GRANT (TITLE I) IMPREST FUND CLAIM FORM

Sequential numbering that is comprised of Fiscal Year (2 digits)-Cost Center (7 digits)-Claim Count (3 digits). Ex: 16-1321001-001

Final Claim ☐ Yes ☒ No

digits). Ex: 16-1321001-0

A 10-digit SAP number identifying the Imprest Vendor .

Email address of person responsible for preparing claim form

[illegible]

Administrator must sign in blue ink

Date _____

430010 Instr Material-General Purpose
520002 Travel/Conference Attendance
580005 Admission Fees

580012 Contract Bus Services
590001 Tel, Pager, Postage Fees

- ☐ Ensure all required supporting documents are attached to email, e.g. SPSP or SPSP Update, itemized receipt/invoice for the purchase and/or approved 10.12.1 travel form.
- ☐ Email completed claim form to fsep@lausd.net with subject line on your email "Imprest - School/Office - Claim Number (current fiscal- cost center-claim count-FG). FSEP will not accept faxes.

09/2015