

Third Party Billing

Grant Application – Item

(Funds must be preauthorized, reimbursements will not be approved)

Name: _____ Building: _____

Position: _____ Extension: _____

Item Cost \$ _____ Shipping Cost \$ _____

Employment Start Date (must have completed 2+ years of employment): _____

Item Title/Description: _____

Purpose of Item: _____

Who would benefit from the purchase of this item: _____

How did you hear about this item? _____

Applicant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Return to Donniel Robinson, DAO (x1214)

Third Party Billing Approval _____ Student Services Administrative Approval _____

Application Requirements

- Application must be submitted and approved prior to purchase.
- The district has employed the applicant for **two** or more consecutive years.
- The applicant works directly with children with special needs.
- The purchase has supervisor approval.
- The applicant has not applied to use third party funds in the current or previous year. This requirement may be waived if new applicants have not requested funds.
- The applicant has attached a copy of the manufacture/supplier item description.

Notes

- Due to limited funds the entire fee may not be paid.
- All items purchased with third party grant funds are property of St. Cloud Area District 742.

Office Use

Item Located: _____

Date Purchased: _____ PO #: _____