Expenditure Checklist for Family and Community Involvement

Please submit this to the Grants Administrator’s office 4-6 weeks prior to the date of your event.

Contact Person:________________________ Building:________________________

Today’s Date:_______________ Date/Time of Activity_____________

Name of Parent Involvement Activity:

________________________________________________________________________

Location of Meeting/Activity:________________________________________________

Name of Presenter (if any):_________________________ Agency____________________

Purpose of the activity:

________________________________________________________________________

________________________________________________________________________

Signature of Administrator:________________________________________________

Refreshments provided: Yes___ No__ Other________________

Approximate cost of Refreshments, materials, or presenter’s fees:_______

Approximate number of Parents/Community Members in Attendance:_____

When submitting requisitions for payment related to the above event, the following must be attached to the requisition:

☐ Copies of the Sign in Sheets (Parent Names Highlighted)
☐ Flyer or Invitation
☐ Invoice and/or Receipts

Due to ISBE/NCLB requirements, these items must be attached to the requisition.

Please include Steven’s Amendment language on all flyers and invitations.

Grants Administrator Approval:__________________________________________ Date:____________