

NON-EMPLOYEE PAYMENT REQUEST FORM

For use in conjunction with Reimbursement SIPP

Type or use black ballpoint pen. **PRINT** legibly to insure prompt payment.

INSTRUCTIONS FOR COMPLETING FORM

This form is to be used by non-Department of Education employees to record their attendance at Department of Education planning meetings or program activities that provide for payments to such individuals. Fixed rates for reimbursement have been established as a guide only and may be found in appropriate SOPM and/or memoranda on this topic. Actual invoices, or individual receipts may be submitted in lieu of fixed rate reimbursement if actual expenses are higher than those suggested, provided prior written approval is obtained from the Executive Director of the Division of Financial Operations. Regions may establish rates less than those suggested if no documentation is provided.
The non-employee is responsible for completing information in Sections 1 through 3. In the box for *Name of Program" enter the specific name of the program, such as: School Based Management, Parent Involvement Program,

School Wide Projects, etc. The principal, or other approving officer completes Section 4. The District/Central Business Office completes Section 5.

This form is to be submitted to the committee's designated chairperson or to the Department of Education official responsible for the activity (principal, teacher-in-charge, program coordinator, etc.) at each meeting to verify attendance. The completed form is to be sent to the Central or Region Office for review and payment processing through the On-Line SIPP System. In general, allow five (5) to ten (10) days for the check to be issued and received through the mail.

NOTE: Consult program guidelines to determine if documentation supporting expenses is required.

SECTION 1

REGION	SCHOOL	NAME OF PROGRAM
NAME OF NON-EMPLOYEE (Type or Print legibly)		SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number and Street)		Apartment Number
CITY	STATE	ZIP CODE

SECTION 2

#	DATE OF MEETING (Example: mm/dd/yy)	MEETING PERIOD (Hours) (Example: 8:00 pm to 9:00 pm)	TOTAL HOURS	PAYMENT RATE OR ACTUAL EXPENSE	DEPARTMENT OF EDUCATION OFFICIAL'S SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SECTION 3

I certify that I have met the obligations as a member of the _____
(Enter name of program, committee, or activity)

And request the appropriate reimbursement of \$ _____, which will cover my actual expenses.

SIGNATURE OF NON-EMPLOYEE

DATE

PRINT NAME

SECTION 4

I approve this expenditure, certifying that it is necessary for the conduct of the educational or administrative program and is in accordance with the rules and regulations of the Department of Education and applicable funding source guidelines.

SIGNATURE OF PRINCIPAL OR APPROVING OFFICER

DATE

PRINT NAME

SECTION 5

FOR BCO/CENTRAL OFFICE USE ONLY

FUNDS ARE AVAILABLE – CHARGE TO:

DISTRICT	ACTIVITY CODE	LOCATION CODE	QUICK CODE	OBJECT CODE	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE: _____

ENTERED BY: _____

AUTHORIZED BY: _____

Entered On-line
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