**LOS ANGELES UNIFIED SCHOOL DISTRICT**

**IMPREST FUND CLAIM FORM/FEDERAL GRANT TITLE 1**

**INSTRUCTIONS FOR FILLING OUT THE FORM**

**Field Requirements:**

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| **Section A:** |
| **Date** | Date of when claim is created |
| **Claim No.** | Sequential numbering that is comprised of Fiscal Year (2 digits)-Cost Center (7 digits)-Claim Count (3 digits). Ex: 15-1321001-001 For Restricted Funds - **Title I** add suffix “-FG” Ex:15-1321001-002-FG |
| **Final Claim** | Check “Yes” if this is the final claim; otherwise, check “No”  |
| **Vendor** | Name of school or office. |
| **Vendor Account No.** | A 10-digit SAP number identifying the Imprest Vendor (e.g. 4XXXXXXXXX) |
| **Prepared by** | Name and Title of person responsible for preparing claim form |
| **Phone** | Phone number of person responsible for preparing claim form |
| **Email** | Email address of person responsible for preparing claim form |
| **Section B:** |
| **Date Received** | Date of when a purchase is made or received |
| **Description** | Provide specific details about purchased items, including quantity and unit price, if applicable. Sample item description:* “10 library books @ $10 each”
* “Bus services from America Bus Co. for student field trip”
 |
| **Check No.** | Indicate the check number per item claimed |
| **GL Account** | A 6-digit SAP number identifying an account in general ledger (e.g. 430001). GL Account is also known as Commitment Item. A list of Commonly Used GL Accounts is identified on claim form |
| **Amount** | Total amount of item (quantity x unit price), including applicable sales tax, shipping and handling charges |
| **Fund** | A set of number representing fiscal/accounting object that includes Fund and Resource (e.g. 010-0000). Fund 001 and 003 in IFS is equivalent to 010 in SAP |
| **Functional Area** | A set of number representing financial transactions according to functions that includes Goal-Function-Program (e.g. 1110-1000-13027) |
| **Cost Center No.** | A 7-digit number identifying a school/office. (e.g. 1826401 for Nightingale MS) |

**Checklist:**

* Ensure claimed items are allowable expenditures as noted in Procurement Manual 6th Edition and Imprest Funds Reference Guide REF-1706.4, information provided on the form is correct, and funding source has sufficient available balance.
* Ensure administrator’s name is printed and signed on each claim form
* Have Claim No. and Vendor Account No. ready when contacting Accounts Payable to follow up on claim status
* For refreshments/meal expenses, identify whether it’s for parents, staff, or students and ensure funding source is appropriate
* When claiming registration fees for conference attendance, attach 10.12.1 travel form with conference brochure and agenda. Also, provide ATRN number under “description” on form
* Acquire additional signatures during spending freeze
* Non- Title I claims: Email completed claim form and all necessary supporting documents to accounts-payable@lausd.net with the subject line on your email “Imprest – School/Office Name -Claim Number (current fiscal year - cost center - claim count),” or fax to the attention of the Head Accountant to (213) 241-8913. Title I claims: Email to fsep@lausd.net with the subject line on your email “Imprest – School/Office Name- Claim Number (current fiscal year - cost center - claim count-FG),” FSEP will not accept faxes.