

## LOSFA EXPENDITURE PRE-APPROVAL FORM

Funding Source Requested \_\_\_\_\_ Number of students projected \_\_\_\_\_  
Request Date \_\_\_\_\_ Number of teachers projected \_\_\_\_\_  
Proposed Date of Purchase \_\_\_\_\_ Number of volunteers projected \_\_\_\_\_  
School District \_\_\_\_\_ Number of parents projected \_\_\_\_\_  
School Name \_\_\_\_\_ Total Number of people projected \_\_\_\_\_  
OSSC or Explorers' Club Sponsor Name \_\_\_\_\_

Grade Levels  6th  7th  8th  9th  10th  11th  12th

Vendor Name \_\_\_\_\_ Preliminary Expenditure Amount \$ \_\_\_\_\_  
Vendor Name \_\_\_\_\_ Preliminary Expenditure Amount \$ \_\_\_\_\_  
Vendor Name \_\_\_\_\_ Preliminary Expenditure Amount \$ \_\_\_\_\_  
Vendor Name \_\_\_\_\_ Preliminary Expenditure Amount \$ \_\_\_\_\_

Expenditure Types (Select All That Apply) Total of All Expenditures \$ \_\_\_\_\_

Fee(s)  Transportation  Meals/Snacks  Materials/Supplies  Incentive  Substitutes  Other

Choose Initiative \_\_\_\_\_

## LOSFA FIELD TRIP APPROVAL (IF APPLICABLE)

Select all that apply:

Campus Visit  Business/Industry Visit  College/Career Fair Visit  LFOS Event Visit

*LFOS (state funded) programs may only travel within the State of Louisiana*

Destination \_\_\_\_\_

Event/Field Trip Leader and Title \_\_\_\_\_ Date of Trip \_\_\_\_\_

Destination Contact Person \_\_\_\_\_

Destination Contact Person's Phone Number \_\_\_\_\_

Student Selection Criteria \_\_\_\_\_

- By signing below I understand that this expenditure request is not fully authorized until signed by both the LOSFA Field Outreach Director and the LOSFA Field Outreach Personnel for the school requesting this expenditure.
- By signing below I certify that there are no additional funding sources available to support the items requested in this request. I understand that supplanting funds already in place is strictly prohibited.
- By signing below I certify that I will request reimbursement of travel expenses using PPM-49 guidelines or my school district's travel guidelines, whichever is lowest.

Deliverables for this initiative will be delivered to LOSFA on or before: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please indicate the individual(s) who will collect and submit deliverables for this initiative: \_\_\_\_\_

OSSC or Explorers' Club Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

District Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

LOSFA Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_

LOSFA Fiscal Signature \_\_\_\_\_ Date \_\_\_\_\_

LOSFA Field Outreach Director Signature \_\_\_\_\_ Date \_\_\_\_\_