

**INSTRUCTIONS**  
This claim form is to be used only by members of the School Leadership Team to record attendance at team activities. Team members will complete the information in the first 3 sections of this claim form, and before June 15th of each school year, forward the original form to the team's Liaison for Financial Matters, who will confirm the attendance by signing in section 4. The Liaison for Financial Matters will forward the original claim to the Approving Officer at the appropriate Community School District or high school office for review, signature, completion of budget information and payment processing through the On-line Imprest Fund System. Fifteen business days from the time the central or district payment processing office receives the claim are needed for the check to be issued and received in the mail. This form is to be used by School Leadership Team Members in lieu of the standard "Authorization for Imprest Fund Expenditure Form."

SECTION I TEAM MEMBER INFORMATION		
District	School Name	
Name of Team Member	Social Security Number	
Mailing Address (Number & Street)	Apartment Number	
City	State	Zip Code

SECTION 2 ACTIVITIES					SECTION 3 TEAM MEMBER CERTIFICATION	
	Date of Activity			Activity Time Period		Total Hours
	MM	DD	YY	From	To	
1						I certify that I have met the obligations as a member of the School Leadership Team and that I have participated in the program's activities for at least thirty (30) hours as described in section two (2) and thus request the appropriate remuneration. (Pro-rated remuneration is permissible if the team has agreed to it.)  <div style="text-align: center; margin-top: 20px;">                     _____                      TEAM MEMBER SIGNATURE                       _____                      DATE                 </div>
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SECTION 4 LIAISON FOR FINANCIAL MATTERS CONFIRMATION	
I certify that the above claimant has met the obligations as a member of the School Leadership Team and that he/she has participated in the program's activities for the hours described in section two (2) above and shall be remunerated for fees incurred as a result of these activities.	
_____ SIGNATURE OF LIAISON FOR FINANCIAL MATTERS	_____ DATE

SECTION 5 FOR DISTRICT/CENTRAL OFFICE USE ONLY					
FUNDS ARE AVAILABLE - CHARGE TO:					
DISTRICT	LOCATION CODE	QUICK CODE	OBJECT CODE	\$AMOUNT	PAYMENT PROCESSED ON-LINE
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 Board of Education and applicable funding source guidelines.				_____ PROCESSED ON-LINE BY                      DATE	
				_____ AUTHORIZED BY                                      DATE	
				_____ SIGNATURE OF APPROVING OFFICER                      DATE	