

MISSISSIPPI DEPARTMENT OF EDUCATION
REQUEST FOR FUNDS FORM

(Due by the 12th of each month)

The request form can either be emailed to schoolpayments@mdek12.org or faxed to (601) 359-2326.

ENTITY NAME: _____

The following represents the fund(s) request for the month of _____, 20_____:

PROJECT NAME	PROJECT NUMBER	AMOUNT REQUESTED
TOTAL REQUESTED AMOUNT:		

Certification: We hereby certify that the amount requested represents expenses, which have been incurred and/or obligated in the current period and are allowable for the requested project. In addition, we certify that the amount requested will not cause the Cash Balance on Hand to exceed the amount needed for reimbursement of expenses and liquidation of obligations.

Prepared By: _____ Date: _____

CFO/Business Manager: _____ Date: _____

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Accounting Office Approval

Approved By: _____ Date: _____