



Chancellor Richard A. Carranza

NEW YORK CITY DEPARTMENT OF EDUCATION AUTHORIZATION FOR SIPP EXPENDITURE

NON-EMPLOYEE PAYMENT REQUEST FORM

For use in conjunction with the on-line SIPP Program

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.

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 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,

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

SECTION 1

Form for Section 1 containing fields for REGION, SCHOOL, NAME OF PROGRAM, NAME OF NON-EMPLOYEE, SOCIAL SECURITY NUMBER, MAILING ADDRESS, CITY, STATE, and ZIP CODE.

SECTION 2

Table for Section 2 with columns: DATE OF MEETING (MM DD YY), MEETING PERIOD (Hours) FROM TO, TOTAL HOURS, PAYMENT RATE OR ACTUAL EXPENSE, and DEPARTMENT OF EDUCATION OFFICIAL'S SIGNATURE. Rows 1-22.

SECTION 3

Section 3 text: I certify that I have met the obligations as a member of the \_\_\_\_\_ and request the appropriate reimbursement of \$ \_\_\_\_\_. Includes fields for SIGNATURE OF NON-EMPLOYEE and DATE.

SECTION 4

Section 4 text: 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. Includes fields for SIGNATURE OF PRINCIPAL OR APPROVING OFFICER and DATE.

SECTION 5 FOR REGION/CENTRAL OFFICE USE ONLY

Section 5 form for FUNDS ARE AVAILABLE - CHARGE TO: with fields for DISTRICT, ACTIVITY CODE, LOCATION CODE, QUICK CODE, OBJECT CODE, and AMOUNT.

Revised: October 2004 Rev: May 2017

Form for Section 5 including fields for DATE, ENTERED BY, AUTHORIZED BY, and Entered On-Line.

COPY 1 - FMC/Region Office COPY 2 - School/Program Coordinator COPY 3 - Non-Employee