

# Auxiliary Services Reimbursement Fund

## Mobile Unit: Disposal/Replacement/Repair/Relocation Requisition

Entity name \_\_\_\_\_ IRN \_\_\_\_\_

Nonpublic school where unit located \_\_\_\_\_ IRN \_\_\_\_\_

Disposal \_\_\_\_\_ Replacement \_\_\_\_\_ Repair \_\_\_\_\_ Relocation \_\_\_\_\_

Unit year \_\_\_\_\_ Date Purchased \_\_\_\_\_ Serial # \_\_\_\_\_

Estimated cost of project \_\_\_\_\_ Current estimated value \_\_\_\_\_  
(attach verification) (for replacement request only-attach verification)

Estimated project start date \_\_\_\_\_ Estimated project end date \_\_\_\_\_

Describe project request.

\_\_\_\_\_  
Superintendent/Treasurer/Principal signature Printed name Date

### FOR DEPARTMENT USE ONLY

Site visit completed recommend not recommend approved expenditures not to exceed \_\_\_\_\_

\_\_\_\_\_  
Area coordinator authorization Date Mobile unit administrator requisition signature  
Of requisition signature (if necessary)

Return to district for use for payment request (below) Invoices must be submitted prior to \_\_\_\_\_

Partial payment for replacement(optional)  
Cost of unit \_\_\_\_\_ Actual cost paid (attach invoice/vouchers/proof of payment) \_\_\_\_\_

\_\_\_\_\_  
Superintendent/Treasurer/Principal signature Printed name Date

\_\_\_\_\_  
Area coordinator approval signature Date Amount approved for partial payment

Fiscal information (completed by district after completion of work)

COST

Invoices, purchase orders, and payment vouchers (attach verification) \_\_\_\_\_

CREDITS

1. Partial payment \_\_\_\_\_

2. Trade-in allowance (if applicable) \_\_\_\_\_

Total credits (add lines 1 and 2) \_\_\_\_\_

\_\_\_\_\_  
Superintendent/Treasurer/Principal signature Printed name Date

\_\_\_\_\_  
Area coordinator approval signature Date Mobile unit payment administrator approval