IPSA Expenditure Pre-Approval Request Form Instructions

The purpose of this form is to ensure IPSA’s requested purchase is aligned with IPSA’s purpose and is in accordance with State spending rules. This will also help IPSA to compile an annual report of our spending. Please carefully note the following when filling out the form:

* First, coordinate with the IPE Coordinator to ensure the balance of IPSA funds is sufficient for your purchase.
* This request starts the process of a check request through the University. **It should be turned in at least 2 weeks prior to the event/time of purchase** to make sure there is enough time to get all of the appropriate signatures. Please do not make a purchase using personal funds with the expectation that you will be reimbursed.
* Please provide a detailed list describing the items that will be purchased. IPSA funds are approved for very specific purchases and we want to ensure that funds are used appropriately. **Per State processes, you will need to include an itemized invoice from the supplier/vendor.** The check request will not go through without this.
* Please include the number of expected participants as well as a list of participants who have signed up thus far. If the funds will be used for multiple events, please indicate in the space provided.
* You must either submit email confirmation from the Faculty Advisor associated with your program or include their signed approval on the form at the time of submission. This is to ensure accountability to the Faculty Advisor and ensure that the Faculty Advisor is aware of use of IPSA funding.

**The IPE Coordinator will review all applications to ensure that the request is complete, the requested funds meet the guidelines, and there are funds remaining and will coordinate with the appropriate IPSA contact when the check is available.**

***IPSA Expenditure Pre-Approval Request***

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| **Organization: (ie NOWS, etc)** |  |
| Event Title: |  |
| Event Date: |  |
| Event Location: |  |
| Person Requesting (include email and phone number): |  |
| Department/School: |  |
| Amount Requested: |  |
| Items to be purchased (with prices)\*:  \*Items listed must adhere to the scope and donor intent associated with this account. See list of grant-approved purchases. |  |
| Estimated Attendance: |  |

**Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* You must submit copies of all relevant itemized receipts with the “IPSA Reimbursement Request” form. Failure to do so will result in denied reimbursement.**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature of Program Faculty Advisor

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of IPSA Board Member \*

\*Approval by IPSA Board Member ensures that proposed expenditures have been reviewed and found to adhere to the scope and donor intent associated with this account.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CIPECP Director

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Vice Chancellor for Academic Affairs\*  
\*Approval by the Vice Chancellor for Academic Affairs only extends to those expenditures included and approved on IPSA Expenditure Pre-Approval Request Form. Any deviations from pre-approval requests make the subsequent expenditure reimbursement request subject to rejection.