



Illinois State Board of Education

Nutrition Department
100 North First Street, W 270
Springfield, IL 62777-0001
(800) 545.7892 Fax (217) 524.6124
www.isbe.net/nutrition

EQUIPMENT PURCHASE BASED ON APPROVED EQUIPMENT ATTESTATION

School Food Authority/ Sponsoring Organization Name:	
Address:	
Telephone number:	
RCDT/Agreement no:	
Contact Name & Title:	

School Food Authorities (SFAs) and Sponsoring Organizations (SOs) in the Child Nutrition Programs (CNP) must observe both federal and State limitations on the use of reimbursement funds; expend nonprofit food service revenues in accordance with 2 CFR Parts 225 and 230; follow generally accepted accounting principles; and adhere to procurement procedures defined in 7 CFR §210.21, 7 CFR 225.17, 7 CFR 226.22 and 2 CFR 200.

Description of the equipment purchase:			
Acquisition cost*:	\$	Percentage of Child Nutrition funds to be used:	%

*Acquisition cost means the cost of the asset, including the cost of any modifications, attachments, accessories or auxiliary apparatus necessary to make it useable for the purpose for which it is required.

Please read and initial the box next to each statement.

<input type="checkbox"/>	I certify that the above referenced equipment is on the approved equipment list and there are sufficient funds in the nonprofit food service account for the purchase.
<input type="checkbox"/>	I certify that the above referenced expenditure is necessary and reasonable for proper and efficient performance and administration of the Child Nutrition Programs (CNP).
<input type="checkbox"/>	I certify that the above referenced expenditure is allocable to the CNP.
<input type="checkbox"/>	I certify that the above referenced expenditure is not included as a cost or used to meet cost sharing or matching requirements of any other federal award.
<input type="checkbox"/>	I certify that the above referenced expenditure is the net of all applicable credits.
<input type="checkbox"/>	I certify I will provide Child Nutrition Program Administration with a copy of the paid invoice(s), delivery receipt and equipment serial number(s) upon request.

SFA/ SO Authorized Representative: <i>Print full name</i>		Date:
Signature :		Title: