Illinois State Board of Education

CAPITAL EXPENDITURE/ EQUIPMENT PRE-APPROVAL REQUEST FORM

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 anticipated capital expenditure:	
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.

	I certify that the above referenced expenditure is necessary and reasonable for proper and efficient performance and administration of the Child Nutrition Programs (CNP).
	I certify that the above referenced expenditure is allocable to the CNP.
	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.
	I certify that the above referenced expenditure is the net of all applicable credits.
	I certify that if approved, I will provide Child Nutrition Program Administration with a copy of the paid invoice(s), delivery receipt, canceled check and equipment serial number(s) upon request.

SFA/ SO Authorized Representative: *Print full name*		
Signature:		Title:
Date:		
ISBE USE ONLY		
Approved By:		Date: