AUTHORIZATION TO PURCHASE HARDWARE/ SOFTWARE USING PROFESSIONAL DEVELOPMENT FUNDS

- Attach an Individualized Professional Growth Plan. (*Required for classified staff – one per year*)
- Hardware/Software: (1) is considered **personal property and is subject to payroll taxes**;
  (2) is **NOT supported by the district**; and
  (3) **MAY NOT be paid directly to a vendor**.

The only approved technology purchases for job-related professional growth are computer hardware and software. Other technology equipment, such as cameras, i-Pods, regular cell phones, fax machines and furniture are not acceptable purchases for PD funds.

Step 1 - EMPLOYEE INFORMATION (only certain employee groups have this purchase option)

PLEASE CHECK: ☐ Growth Plan On File ☐ Growth Plan Attached ☐ PT ☐ OP ☐ EXEMPT – Classified ☐ EXEMPT - Certificated ☐ PRIN / ASST PRIN

Employee Name ***Job Title*** ***Employee 5 Digit ID#***

Home Address ***City*** ***State*** ***ZipCode***

Work Location ***Work Phone***

The following is a detailed description of the computer hardware and / or software I will be purchasing (please list each item individually and provide backup / support documentation if available):

☐ I have confirmed with Professional Development that I have sufficient funds available in my account to cover this purchase:

Employee's Signature ***Date***

Amount Requested $

APPROVAL (See Business Services Procedure Manual – Professional Development Section)

I have reviewed the request to purchase computer hardware and / or Software and find this meets the guideslines established the district for use of professional development funds.

Supervisor Pre-Approval ***Date***

Professional Development BRC Authority Pre-Approval ***Date***

Step 2 – REIMBURSEMENT / PAYMENT OPTIONS (to be completed after BRC pre-approval process is complete)

☐ I have purchased district-approved Hardware / Software.
Original receipts are attached for reimbursement.

Employee's Signature

AMOUNT OF REIMBURSEMENT REQUESTED:
(if receipt includes other personal purchases, please highlight the item(s) included in this reimbursement request)

$

Date of Purchase

FOR PROFESSIONAL DEVELOPMENT USE ONLY

☐ **OPTION 1**: This request has been authorized for payroll reimbursement using Professional Development Funds.

☐ **OPTION 2**: This request has been denied (see rationale).

DENIAL RATIONALE

☐ This request does not fit the purchasing guidelines specified in the Business Services Procedures Manual for Professional Development.
☐ Technology equipment required for a specific program or department work should be provided by the department.
☐ Other

Professional Development BRC Signature Authority *Date*

Company	AU – Accounting Unit	Account	Activity	AcCat	Amount
					$

RESET FORM