

MISSISSIPPI DEPARTMENT OF EDUCATION  
REQUEST FOR FUNDS FORM

(Due by the 12<sup>th</sup> of each month)

The request form can either be emailed to [schoolpayments@mdek12.org](mailto:schoolpayments@mdek12.org) or faxed to (601) 359-2326.

**ENTITY NAME:** \_\_\_\_\_

The following represents the fund(s) request for the month of \_\_\_\_\_, 20\_\_\_\_\_:

PROJECT NAME	PROJECT NUMBER	AMOUNT REQUESTED
<b>TOTAL REQUESTED AMOUNT:</b>		

**Certification:** We hereby certify that the amount requested represents expenses, which have been incurred and/or obligated in the current period and are allowable for the requested project. In addition, we certify that the amount requested will not cause the Cash Balance on Hand to exceed the amount needed for reimbursement of expenses and liquidation of obligations.

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

CFO/Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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**Accounting Office Approval**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_