



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office for Prekindergarten through Grade 12 Education
 Child Nutrition Program Administration
 89 Washington Avenue, Room 375 EBA, Albany, NY 12234
 (518) 473-8781 Fax (518) 473-0018
www.nysed.gov/cn/cnms.htm

EQUIPMENT PURCHASE/CAPITAL EXPENDITURE PRE-APPROVAL REQUEST FORM	
School Food Authority Name:	
Address:	
Telephone number:	
LEA Code:	
Contact Name & Title:	

School Food Authorities (SFAs) participating in the National School Lunch Program (NSLP) must observe both federal and State limitations on the use of cafeteria funds (7 CFR § 210.9 [b][1]); expend nonprofit food service revenues in accordance with 2 CFR Parts 225 and 230; follow generally accepted accounting principles (7 CFR §210.14[a]; and adhere to procurement procedures defined in 7 CFR §210.21 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 National School Lunch Program (NSLP).
	I certify that the above referenced expenditure is allocable to the NSLP.
	I certify that the above referenced expenditure is accorded consistent treatment.
	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 number(s) upon request.

SFA Representative: <i>Print full name</i>			
Signature :		Title:	
Date:			
NYSED USE ONLY			
Approved By:		Date:	