CAPS DIVISION APPROVAL CART FUNDS REQUEST CHICAGO POLICE DEPARTMENT / BUREAU OF PATROL Reference # SUBMITTED TO: Director, Finance Division **PAID BY** CHECK# Enter the amount of the check below if different from the FROM: "Total Amount Requested" Enter District-Unit # Telephone (Bell) PAX# FAX# Example: 001 Use Other Side For Explanation REFERENCE NUMBER: **EVENT DATE:** Check Box: **Event Date Does Not Apply** Example: 01 Jan 08 DESCRIBE EVENT or PROJECT INCLUDE LOCATION(S) WITH DESCRIPTION OF PRODUCTS AND/OR SERVICES THAT REQUIRE FUNDING INSTRUCTION FOR **ATTACHING RECEIPTS** CAPS CHECK MADE PAYABLE TO: 1. THE ORIGINAL RECEIPTS OR NAME OF VENDOR, ORGANIZATION OR PERSON INVOICES MUST BE ATTACHED WITH STAPLES TO 8.1/2" X 11 " (LETTER SIZE) WHITE PAPER **TOTAL AMOUNT REQUESTED: FACH RECEIPT MUST BE VISIBLE** AND THE RECEIPTS MUST NOT OVERLAP EACH OTHER. ENTER COMPUTER AUTO CALCULATION (ENTER RECEIPT AMOUNTS BELOW) THE REFERENCE NUMBER ON EACH PAGE OF RECEIPTS. ENTER THE TOTAL OF EACH INDIVIDUAL RECEIPT FOR THE ABOVE REFERENCE NUMBER FOR RECEIPTS THAT ARE LONGER ONLY. DO NOT INCLUDE THE TAX ON THE RECEIPT! TAX AMOUNTS WILL NOT BE THAN A STANDARD 8.1/2 X 11 SHEET APPROVED FOR PAYMENT OR REIMBURSEMENT. INDIVIDUALS OR ORGANIZATIONS OF PAPER ... CUT THE RECEIPT TO FIT ON THE PAGE, USING MULTIPLE SHOULD USE A "CITY OF CHICAGO TAX EXEMPT LETTER" WHEN PURCHASING PRODUCTS PAGES IF NECESSARY. AND SERVICES FROM VENDORS FOR ANY APPROVED CAPS RELATED EVENT. 2. DO NOT ATTACH RECEIPTS WITH 5. TAPE ... STAPLES ONLY! 3. ONLY ORIGINAL RECEIPTS ARE 10. ACCEPTABLE AND MUST INCLUDE THE FOLLOWING: Signatures of Approval (All 4 Required) **Enter # of Attached Pages:** A. THE NAME, ADDRESS AND TELEPHONE OF THE BUSINESS FROM WHICH ITEMS OR Requesting Officer: _____ Star # SERVICES WERE PURCHASED. B. AN ITEMIZED DESCRIPTION OF CART Sergeant: _____ Star # ITEMS OR SERVICES PURCHASED. Area Executive Officer: C. ANY RECEIPT OR INVOICE THAT DOES NOT INCLUDE THE ABOVE REQUIREMENTS MUST District Commander:____ BE PROVED BELOW. **Enter Receipt Information Below** Make a copy of this completed form and **CAPS Division Only** "Hand Carry Only" this document and the Submission for Payment Verified attached original receipts to the CAPS Stamp or Signature with Date Division, 5th Floor. Be sure that the clerk stamps your extra copy to verify submission for payment. Place the stamped or signed verified copy in your CAPS Binder.