



State Council of
Higher Education for Virginia

**2014-2015 REQUEST FOR REIMBURSEMENT
NO CHILD LEFT BEHIND PROGRAM**

Title II, Part A, SubPart III – Improving Teacher Quality State Grants (CFDA# 84.367B)

Project Title _____

Project Director _____

Name of Institution _____

Amount Requested _____

Federal ID# _____

Unique identifier of the entity and its parent (i.e. DUNS#) _____

Description of Payment: **NCLB 2014-15** Attention: _____ (Limit 30 characters)

Contact Person _____ Phone _____

Note: Please allow up to three weeks for processing of payment. 50 percent of your grant funds may be requested for start up expenditures after July 1, 2014. Additional requests can be made after October 1, 2014.

Budget Codes	Amount Awarded	Current Expenditure	Year to Date Expenditure	Balance Remaining (Amt. Awarded – Yr. to Date Expenditure)
Personal Services and Employee Benefits (1100)				
Contractual Services: Consultants and Travel Employee Benefits (1200)				
Supplies and Materials (1300)				
Transfer Payments for Participants or Substitutes (1400)				
Continuous Services (1500)				
Indirect Cost Recovery				
Total				

Section A

1. Agency Type (select one):

- State Agency
- Non-State Agency

2. Payment Type (select one):

- Electronic Payment
- Check (Payable to: _____
Address: _____

EIN # _____

3. Fund Advance Tracking System (FATS) Information (**State Agencies must complete the following**):

- FATS # _____
- Agency # _____
- FATS Contact Person _____
- Phone Number _____
- E-mail _____

***After your fiscal department has processed your FATS entry email EllieBoyd@schev.edu with your FATS number and agency number.**

Section B

_____ (Institution, School or Organization) claims reimbursement for disbursements made during the period, _____ 20____ under the provisions of the grant listed above. This is to certify that the **expenditures listed in this reimbursement have been paid** in accordance with federal/state approved policies and or regulations of the SCHEV and the U.S. Department of Education. It is further certified that **documentation is retained and available in the office of the Institution or local agency upon request to support the claim, which is subject to federal/state audits.**

Total Amount Claimed this Request	\$
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Prepared by

Phone Number

Project Director/Designee

Date

Return original and a copy to:

Darlene Derricott
No Child Left Behind Coordinator
State Council of Higher Education for Virginia
101 North 14th Street, James Monroe Building, 9th Floor
Richmond, VA 23219