



State Council of  
Higher Education for Virginia

**2015-2016 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 2015-16** 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, 2015. Additional requests can be made after October 1, 2015.

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](mailto: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.**

<b>Total Amount Claimed this Request</b>	<b>\$</b>
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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 14<sup>th</sup> Street, James Monroe Building, 9<sup>th</sup> Floor  
Richmond, VA 23219