

Attachment B to Adm. Memo No. 004

JD. 006

OFFICE OF SPECIAL EDUCATION
AND STUDENT SERVICES
DEPARTMENT OF EDUCATION
P. O. BOX 2120
RICHMOND, VIRGINIA 23218-2120

RETURN BY March 1, 2001

**SPECIAL EDUCATION/REGIONAL TUITION
REQUISITION FOR REIMBURSEMENT: PERIOD ENDING JANUARY 31, 2001**

CITY/COUNTY/TOWN _____ DIVISION CODE _____

REIMBURSEMENT OF TUITION FOR ELIGIBLE STUDENTS WITH DISABILITIES
ATTENDING CERTAIN REGIONAL SPECIAL EDUCATION PROGRAMS:

REIMBURSEMENT REQUESTED

(Please Check)

A. REGIONAL PROGRAM TUITION _____ Yes* _____ No \$ _____

*Tuition Grant Extract Report diskette Must be enclosed.

This is to certify that the expenditures listed in this request for reimbursement have been paid in accordance with the federal/state policies and/or regulations of the Board of Education. It is further certified that documentation is retained and available upon request to support the claim, which is subject to federal and/or state audits, as required.

Date

Signature of Division Superintendent