(Original with signature in blue ink and 2 Copies) **ATTACHMENT C**

COMMONWEALTH OF VIRGINIA
Department of Education
Office of Career and Technical Education Services
P.O. Box 2120
Richmond, VA 23218-2120

REQUEST FOR REIMBURSEMENT

for Carl D. Perkins Vocational and Technical Education Federal Funds

School Division _____

Reimbursement # 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐ 11☐ 12☐
(Please check)

hereby claims reimbursement for disbursements made during the period _____ , _____ to _____ , _____ under the provisions of the Carl D. Perkins Vocational and Technical Education Act of 1998. This is to certify that the ***expenditures listed in this reimbursement have been paid*** in accordance with the State approved local plan, Federal/State policies, and regulations of the Department of Education. It is further certified that ***documentation is retained and available in the local agency*** to support this claim and is subject to Federal and State audits. I further certify that no ***estimated or advanced payments*** are included in this request.

2001-2002 Perkins Allocation	$ _____	
Amount Claimed to Date	$ _____	
Amount Claimed in this Request		**$** _____
Balance of Perkins Allocation	$ _____	

Reimbursement Prepared by _____
(Name)

Preparer's Telephone # _____ Preparer's FAX # _____

_____ _____
Date *Career & Technical Administrator's Signature*

_____ _____
Date *Superintendent's or Authorized Signature*

----------*For Department of Education Use Only*----------

Amount of Payment $ _____ Approved for Payment _____

Project Code 61095 Program Code 171-03-50 Date _____

Mail form to Bob Almond, Grants Administrator at the above address

Revised 6/15/01