

About Form OR1 - Reimbursement Request Responsibilities - The purpose of this form is to identify those individuals who will create and approve grant reimbursements for the federal grants listed in the form (7 pilot awards). Each grant must have a Primary Originator and one Primary Level 3- Approver (either a "Finance User", Superintendent or Designee). Users can be set up to access selected grants or all grants. Division may opt to create Level 1 and Level 2 Approvers. Divisions are encouraged to create "Backup" Users, to cover the Primary Users during extended absences. OMEGA will pass the reimbursements from the Originator to the approvers sequentially based on the Approver's Level number. (Example: Once the Originator submits the reimbursement, it will pass to the Level 1 Approver(s) (if established). Once approved, it will pass to the Level 2 Approver(s) (if established), and then , once approved , it will pass to the Level 3 Approver.

Completing OR1 - Reimbursement Request Responsibilities - Required

A - School Division Name and Code. Required.

B - Reimbursement Originator. Required. Insert the name (s) of the user (s) responsible for entering reimbursement information in the column labeled User Name. Indicate if the User is the Primary (using the letter P) or Backup (using the letter B) person responsible for preparing reimbursements for this specified grant ("Backup" (B) users are optional).

C - Level 1 and Level 2 Approvers. Optional. Additional approval levels occurring prior to Level 3 Approval (both levels can be used sequentially, or just one level can be used). Insert the name (s) of the User (s) responsible for reviewing and approving reimbursement information in the column labeled User Name. Indicate if the User is the Primary (P) or Backup (B) person responsible for task in the columns under the Grant Titles ("Backup" users are optional). Place a "P" or "B" under the grants for which the user (s) will approve reimbursements. (Example of use: School Division ABC wants Dr. Jane, the Program Administrator, and Dr. John, the Supervisor of Academics, to review the financial progress of their awards. School ABC sets up Dr. Jane as Level 1 Approval, meaning that once the reimbursement has been entered by the Originator, Dr. Jane must approve the Reimbursement prior to Dr. John's review. Once Dr. Jane has approved the reimbursement, Dr. John will have to approve the reimbursement before it goes to Level 3 (final) approval.)

D - Level 3 Approver. Required. Because this is the final level of review at the school division level, it is recommended that Primary (P) and Backup (B) users have financial responsibility (for example, a fiscal officer, superintendent, or superintendent's designee).

E - Division Superintendent or Designee Signature. Required. The Superintendent or Designee is required to approve the content of this form.

F - Date. Date form is approved.

[hyperlink to form OR1](#)

Need HELP with these forms? Call Karen Lux @804-371-6877 or Linda Borland @804-225-3806

OMEGA User Setup Forms

A	*School Division Name:	*School Division Code:
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OR1 - Reimbursement Request Responsibilities

		NCLB					IDEA	
Approval Level	User Name	84.010 Title I - Part A Grants to LEAs	84.367 Title II - Part A Teacher & Principal Training	84.318 Title II - Part D Enhancing Ed Thru Tech	84.186 Title IV - Safe & Drug Free Stt & Lcl	84.298 Title V - Innovative ED	84.027 Special Education - Part B Section 611	84.173 Special Education - Preschool Section 619
B * Reimbursement Originator (s)								
C Level 1 Approver (optional)								
D * Level 3 Approver (s)		P	P	P	P	P	P	P

The above listed OMEGA Originators and Approvers have authority to create and approve Federal Grant Reimbursement Requests for this school division as indicated on this form.

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E *Division Superintendent or Designee Signature

F Date

Typed Name of Division Superintendent or Designee