

(Original with signature in blue ink and a copy)

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 (1) _____

Reimbursement # (2) 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 [] 11 [] 12 []
Final Request []
(Please check)

hereby claims reimbursement for disbursements made during the period (3) _____, _____
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.

2004-2005 Perkins Carry-over Allocation (4) \$ _____
Amount of Carry-over Claimed to Date (5) \$ _____
Amount of Carry-over Claimed in this Request (6) \$ _____
Balance of Perkins Carry-over Allocation (7) \$ _____

Reimbursement Prepared by (8) _____
(Name)

Preparer's Telephone # (9) _____ Preparer's FAX # _____

_____ Date (10) _____ Career & Technical Administrator's Signature (11)

_____ Date (12) _____ Superintendent's or Authorized Signature (13)

-----For Department of Education Use Only---(14)-----

Amount of Payment \$ _____ Approved for Payment _____

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

Mail form to Elizabeth Russell, Director, at the above address

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 (Original and 2 copies are required)

**VIRGINIA DEPARTMENT OF EDUCATION
 Office of Career and Technical Education Services
 PROJECT EXPENDITURES SUMMARY LEDGER FOR CARRY-OVER ALLOCATION**

(1) School Division/School _____

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Final Request <input type="checkbox"/>					

(2) Requisition Number

(3) Period From _____ , _____ to _____ , _____

(4) Expenditure Categories	(5) Object Codes	(6) Expenses Charged To Federal Allocation For This Period
Personal Services	1000	
Employee Benefits	2000	
Purchased Services	3000	
Internal Services	4000	
Other Services	5000	
Materials/Supplies	6000	
Capital Outlay	8000	
	TOTAL	

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**VIRGINIA DEPARTMENT OF EDUCATION
 Office of Career and Technical Education Services
 SALARY AND FIXED CHARGES LEDGER FOR CARRY-OVER ALLOCATION**

(1) School Division/School _____

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Final Request <input type="checkbox"/>					

(2) Requisition Number

Salaries and fixed charges for this period are indicated below.

This form must be included in the reimbursement request if funds in Object Codes 1000 and 2000 are being requested. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.

(3) Period From _____ , _____ to _____ , _____

(4) Personal Services	(5) Amount of Salary Claimed (Object Code) 1000	(6) Benefits (Object Code) 2000	(7) Salaries and Benefits
Teachers			
Administrators			
Other			
TOTAL			

(Original and 2 copies are required)

**VIRGINIA DEPARTMENT OF EDUCATION
Office of Career and Technical Education Services
FEDERAL PROJECT DOCUMENTATION FOR CARRY-OVER ALLOCATION**

(1) School Division/School _____

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Final Request <input type="checkbox"/>					

(2) Requisition Number

(3) Period From _____, _____ to _____, _____

This form is to be used to document expenditures for Object Codes 3000, 4000, 5000, 6000, and 8000. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.

ALL INFORMATION MUST BE PROVIDED. MAKE COPIES AS NEEDED.

(4) Vendor	(5) Program/Activities	(6) Item Description	(7) Object Code	(8) Funding Requirement Numbers	(9) Check or Voucher No.	(10) Date of Payment	(11) Amount
(10) SUBTOTAL							
(11) TOTAL							