

(Original with signature in blue ink and a copy)

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

## REQUEST FOR REIMBURSEMENT

**FY 2009 Career and Technical Education Funding for Industry Credentials for Students**

School Division No: \_\_\_\_\_ Name: \_\_\_\_\_

Reimbursement June 2008  School Year 2008-2009   
 Period: (June 1, 2008 to June 30, 2008) (July 1, 2008 to May 31, 2009)  
 (Show Time Period Below) (Show Time Period Below)

hereby claims reimbursement for disbursements made during the period \_\_\_\_\_ to \_\_\_\_\_.

This is to certify that the expenditures listed in this reimbursement have been paid in accordance with the State Board of Education approved list of industry credentials, 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 state audits. I further certify that no estimated or advance payments are included in this request.

Credential	Number of Tests	Amount Claimed
Industry Certification Examinations		\$
Licensure Tests		\$
National Occupational Competency Testing Institute (NOCTI) Assessments		\$
<b>Total Amount Claimed for All Student Credentials:</b>		<b>\$</b>

Reimbursement Prepared by \_\_\_\_\_  
(Name)

Preparer's Telephone # \_\_\_\_\_ Preparer's FAX # \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
*Date* *Career and Technical Administrator's Signature*

\_\_\_\_\_ \_\_\_\_\_  
*Date* *Superintendent's or Authorized Designee's Signature*

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

Amount of Payment \$ \_\_\_\_\_ Approved for Payment

**STATE FUNDS**

Payee Code \_\_\_\_\_ Project Code 60336 Program Code 171-03-10 Date \_\_\_\_\_



