

(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 2010 Career and Technical Education Funding for Industry Certification Exams for Students

School Division No: _____ Name: _____

Reimbursement

June 2009 School Year 2009-2010

Period:

(June 1, 2009 to June 30, 2009)

(July 1, 2009 to May 31, 2010)

(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		\$
Certification Site Licenses	SY 2009 - 2010	
Total Amount Claimed for All Student Credentials:		\$

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 – FY 2010

ELIZABETH M. RUSSELL, CTE Director

Payee Code: _____ Project Code: 60336 Program Code: 171-03-10 Date: _____Mail forms to: *W. Terry Dougherty, CTE Grants Administrator at the above address*

