

Virginia Department of Education
Reimbursement - Special Education Jail Program

School Division: _____ Local or Regional Jail: _____

School Division Contact: _____ Phone: _____ Email: _____

The expenses reported below are for:

- _____ 1st quarter (July 1 – September 30) – **due October 10** – Paid in FY2014
- _____ 2nd quarter (October 1 – December 31) – **due January 10** – Paid in FY2014
- _____ 3rd quarter (January 1 – March 31) – **due April 10** – Paid in FY2014
- _____ 4th quarter (April 1 – June 30) – **due July 10** – Paid in FY2015

Expense Summary:

Total Salaries and Benefits (from part II)	\$
Total Materials and Supplies (from part III)	\$
Total Equipment (from part IV)	\$
Total Travel (from part V)	\$
Total Staff Development (from part VI)	\$
Total Other Expenses (from part VII)	\$
TOTAL EXPENSES:	\$

The expenditures reported in this reimbursement request have been paid in accordance with state policy and Virginia Board of Education regulations for the purpose of providing special education and related services to incarcerated youth held in the local or regional jail. Documentation has been retained in this office and is subject to audit.

School Division Superintendent or Authorized Signature

Date

IV. Equipment:

Item Description	Payee/Vendor	Check or Voucher No.	Payment Date	Amount
				\$
				\$
				\$
				\$
Total:				\$

V. Travel:

Name	Position	Miles Traveled	Mileage Rate	Check or Voucher No.	Payment Date	Amount
						\$
						\$
						\$
						\$
						\$
Total:						\$

VI. Staff Development:

Staff Member	Nature of Expense (i.e., tuition, registration, lodging, etc.)	Check or Voucher No.	Payment Date	Amount
				\$
				\$
				\$
				\$
Total:				\$

VII. Other Expenses:

Item Description	Payee/Vendor	Miles Traveled	Mileage Rate	Check or Voucher No.	Payment Date	Amount
						\$
						\$
						\$
						\$
Total:						\$