2019-2020 IDEIA Pass thru Funds Reimbursement Request Form

School District: Address:			
Contact Person: Contact Phone:			
Approved Allocation Funding Source: For the Quarter:	Amount: CFDA#84.027; Project #062-20-0-003		
Complete all applicable	e budget lines:		
Amount Requested in Proposal	Type of Expense	Amount Expended	Notes **
	TOTAL AMOUNT		
Also, include and highligh I certify that these fur to the AIU. For Aud to support the above of	of for any variation across budget categories that exceed 10% of ore the funds expended towards early intervening services and programmed were expended to support activities outlined in the lit purposes, the IDEIA-grant recipient is responsible for expenses. Funds cannot be released until a signed form approval is also acceptable, but in the body of the email, it ed form.	ams. e IDEIA-grant proposal for submitting back-up m is received, either han	l submitted documentation rd copy or
Authorized	Signature:		
	Date:		
	Submit reimbursement request and supporting document ideia@aiu3.net	tation electronically to:	
Do NOT wri	ite within box For Internal Use Only		
			irector)
Approved		(fiscal)	