2020-2021 IDEIA Pass thru Funds Reimbursement Request Form

School District: _____

Address: _____

_____

Contact Person: _____

Contact Phone: _____ **Contact Email:** _____

Approved Allocation Amount: _____

Funding Source: **CFDA#84.027; Project #062-21-0-003**

For the Quarter: _____

Complete all applicable budget lines:

Amount Requested in Proposal	Type of Expense	Amount Expended	Notes **
	TOTAL AMOUNT	$ 0.00	

**Include an explanation for any variation across budget categories that exceed 10% of original request for that category. Also, include and highlight funds expended towards early intervening services and programs.

I certify that these funds were expended to support activities outlined in the IDEIA-grant proposal submitted to the AIU. For Audit purposes, the IDEIA-grant recipient is responsible for submitting back-up documentation to support the above expenses. Funds cannot be released until a signed form is received, either hard copy or electronic. Email approval is also acceptable, but in the body of the email, it must note that the person is approving the attached form.

Authorized Signature: _____

Date: _____

Submit reimbursement request and supporting documentation electronically to:

ideia@aiu3.net

Do NOT write within box -- For Internal Use Only

Approved _____ (program director)

Approved _____ (fiscal)

538-2084027-2990-98990