2018-2019 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 #062-19-0-003
For the Quarter: _____

Complete all applicable budget lines:

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

** 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 original signed form is received.

Authorized Signature: _____
Date: _____

Submit original to: Kara Bonaroti, Operations Department
Allegheny Intermediate Unit
475 East Waterfront Drive
Homestead, PA 15120

Do NOT write within box -- For Internal Use Only

Approved _____(program director)
Approved _____(fiscal)
PFN/CON 638 29900 18990