

REQUEST FOR REIMBURSEMENT

Equipment/Supplies Purchased for New and Expanded Programs
Division of Career and Technical Education

Requests may be submitted September 1, 2020 through November 2, 2020

Submission:

All requests must be submitted electronically to: ace.special.projects@arkansas.gov

The subject line of the email needs to be: **2020-2021 Start-Up Reimbursement**

Email shall include:

- Electronic copy of the inventory spreadsheet and signed copy of this document
- PDF copies of all invoices and checks (Proof of Payment)

To be completed by local education agency (LEA)

Grant Year: 2020--2021 Grant Amount: _____ LEA Number _____

District/Center: _____ Program or Course Name _____

Secondary School Name: _____ County: _____

Revenue Code: 32480

Funding Source Code: 340

Total actual amount spent for equipment/supplies up to the total grant award \$_____. The signature of the superintendent or authorized person certifies that the items included in the purchase inventory spreadsheet have been purchased, delivered, and used for the purpose for which they were intended (technical training), and that payment for items has been made by the district, and **copies of the invoices and proof of payment are attached to the email.** It is understood that the Arkansas Department of Education, Division of Career and Technical Education retains a vested interest in the equipment purchased with the Start-Up equipment (state) funds for a period of five (5) years. In the event the CTE program for which the equipment was purchased is discontinued or functions in a fashion differently than was originally approved, district personnel are to notify the Director of the Division of Career and Technical Education. Instructions on disposal or relocation of the equipment will subsequently be communicated to the district.

I understand that if this approved Program of Study or course as listed in this application is changed or dropped, the Division of Career and Technical Education shall be notified and appropriate follow-up will be considered such as partial reimbursement or transfer of equipment.

Date: _____ Signed: _____
Superintendent or Authorized Person

To be completed by the Division of Career and Technical Education:

Total amount approved for reimbursement \$ _____

DCTE Program Coordinator Date

DCTE Associate Director Date

DCTE Director Date

<u>DCTE USE ONLY</u>
Date Received: _____
Forward to: _____
FYI or response by: _____

Revised 7/1/2020