**OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION**

# State Equipment Reimbursement Form

School Division STATE USE ONLY

Number and Name:

State Allocation: $

Reimbursement for Fiscal Year:

2020 (SY 2019-2020)

Payee Code:

Program: 178-005

Project: APE60541/APE60530

Fund: 0756

Payment Amount: $

| **PROGRAM AREA** | **PROGRAM AREA EXPENDITURES** |
| --- | --- |
| Agricultural Education | $ |
| Business and Information Technology  | $ |
| Career Connections | $ |
| Family and Consumer Sciences Education | $ |
| Health and Medical Sciences Education | $ |
| Marketing | $ |
| Technology Education | $ |
| Trade and Industrial Education | $ |
| **TOTAL EXPENDITURES** | **$** |
| **PRIOR YEAR DATA: Total LOCAL funds spent on CTE equipment for SY 2018-19 (not including any funds from Perkins or State Equipment)** | **$** |

**SPECIAL NOTES:**

1. **School divisions/Regional Technical Centers must certify that all invoices and inventory listings are on file at the local office and are maintained to support each item purchased (invoices must reference check numbers and dates). An inventory of all equipment items purchased with state funds must be maintained in accordance with CTE Regulation (8VAC20-120-80).**
2. **All equipment purchased must be on the Approved Equipment for CTE Programs listing or be pre-approved by the VDOE.**
3. **School divisions/Regional Technical Centers cannot use state equipment funds to purchase equipment and then claim the same equipment purchase for an OMEGA Perkins federal equipment expenditure reimbursement request.**

**PREPARER’S NAME:**

**TELEPHONE NUMBER:**

**CTE ADMINISTRATOR–NAME:**

**CTE ADMINISTRATOR–SIGNATURE:**

**CERTIFICATION: I certify to the best of my knowledge and belief that the reimbursement is true, complete, and accurate, and the expenditures and disbursements are for the purposes and objectives set forth in the terms and conditions of the State award. I further certify that documentation has been retained in the office of the educational agency/organization and is available upon request to support the claim. It is understood that this claim is subject to state audits.**

**By submitting and approving this request, the educational agency/organization submitter and approver(s) acknowledge the certification and agree to its provisions.**

**(All signatures must be in BLUE INK.)**

**DIVISION SUPERINTENDENT’S SIGNATURE:**

**DATE:**

**George R. Willcox, Director, Operations and Accountability-Career, Technical, and Adult Education**

**SIGNATURE and DATE-Payment Approval:**

If you have any questions, please contact the CTE Grants Manager at (804) 225-2052 or **CTE@doe.virginia.gov**.

**Mail the completed and signed form by May 22, 2020, to:** Virginia Department of Education, Office of Career, Technical, and Adult Education, Attn: CTE Grants Manager, P.O. Box 2120, Richmond, VA 23218-2120 **or**

**Scan and email a color PDF signed form to:** **CTE@doe.virginia.gov** **or** **Fax to:** (804) 530-4560.