Virginia Department of Education Attachment C, Supts Memo No. 203-17

 July 14, 2017

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

**STATE EQUIPMENT REIMBURSEMENT REQUEST FORM**

School Division STATE USE ONLY

Number and Name: Payee Code: \_\_\_\_\_\_\_\_\_

Program: 178-05

State Allocation: $ Project: APE60541 or APE60530

Fund: 0756 Reimbursement for Fiscal Year: 2018 (SY 2017-18) Payment Amount: $ \_\_\_\_\_\_\_\_\_\_

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| **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** | **$** |
| **PRIOR YEAR DATA: Total LOCAL funds spent on CTE equipment for SY 2016-17 (not including any funds from Perkins or State Equipment)** | **$** |

**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 (8 VAC20-120).**

**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.**

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**PREPARER’S NAME** **TELEPHONE NUMBER**

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**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 Federal/State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). 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 federal and/or 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.)**

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**DIVISION SUPERINTENDENT’S LOLITA B. HALL, Director - Career and Technical Education**

**SIGNATURE and DATE SIGNATURE and DATE – Payment Approval**

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

**Mail the completed and signed form by June 1, 2018, to:** Virginia Department of Education, Office of Career, Technical, and Adult Education, Attn: CTE Grants Administrator, 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