COMMONWEALTH OF VIRGINIA

Department of Education

P.O. Box 2120

Richmond, Virginia 23218-2120

REQUEST FOR REIMBURSEMENT

      (School Division) requests reimbursement for ACTFL/MOPI Certification Testing Fees for teacher(s) involved in:

2013 Modified Oral Proficiency Interview (MOPI) Institute.

(Project Name)

|  |  |  |
| --- | --- | --- |
| Name of Teacher | ACTFL Certification Date | Amount Paid by Division |
|  |  | $ |
|  |  | $ |

\*Department of Education will reimburse between 50% and 100% of the above expenses based on the local composite index and contingent on available funds.

School Division Fed. I.D. #       Total Amount: $

School Division Mailing Address:

P.O. Box or Street Address

School Division Mailing Address:       VA

City/State/Zip

Reimbursement Prepared by:

(Name of person – please print)

Preparer’s Telephone Number:       Preparer’s Fax Number:

Preparer’s E-mail Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Superintendent’s or Finance Officer’s Signature

Send documents to Dr. Lisa A. Harris, Virginia Department of Education, P.O. Box 2120, Richmond, Virginia 23218-2120. Deadline for submission: April 30, 2014.

DO NOT WRITE OR TYPE BELOW THIS LINE – VDOE USE ONLY

Program Code: 522 Project Code: 86739

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| --- |
| PROGRAM APPROVAL  Date: Total Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Specialist |
| ACCOUNTING & FINANCE OFFICE  Date: Total Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Finance Director |