**Original with Signature in Blue Ink**

Virginia Department of Education

Office of Career, Technical, and Adult Education

PO Box 2120, Richmond, VA 23218-2120

# Jobs for Virginia Graduates – State Funds SY 2023-2024REQUEST FOR REIMBURSEMENT & PROJECT EXPENDITURES LEDGER

Period from/to:

Grantee:

Grant Award #:

|  | **Categories** | **Budgeted Amount****(Local)** | **Current Expenditure****(Local)** | **Year to Date Expenditure****(Local)** | **Budgeted Amount****(State)** | **Current Request****(State)** | **Year to Date Requested****(State)** | **Funds Approved (State Use Only)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1****000** | **Personal Services** |       |       |       |       |       |       |       |
| **2****000** | **Employee Benefits** |       |       |       |       |       |       |       |
| **3****000** | **Purchased Services** |       |       |       |       |       |       |       |
| **4****000** | **Internal Services** |       |       |       |       |       |       |       |
| **5****000** | **Other Charges** |       |       |       |       |       |       |       |
| **6****000** | **Materials and Supplies** |       |       |       |       |       |       |       |
|  | **Total** |       |       |       |       |       |       |       |

**Current Amount Requested: $**

**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 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.**

Prepared By:

Date:

Preparer’s Email address:

Preparer’s telephone number:

Division Superintendent/Designee:

Date:

**DO NOT WRITE BELOW THIS LINE**

Approved for Payment

Payee No.:

Amount: $

Project Code: **APE60280**

Dr. J. Anthony Williams–Director, Office of Career, Technical, and Adult Education

**SIGNATURE and DATE–Payment Approval**

Date:

If you have any questions, please contact: CTE Budget and Grants Manager at (804) 225-3349 or CTE@doe.virginia.gov.

**Email the completed and signed form by May 17, 2024 to** **CTE@doe.virginia.gov****.**

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**(Original is required)**

**VIRGINIA DEPARTMENT OF EDUCATION**

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

**SALARY AND FIXED CHARGES**

**School Division/School:**

**Award Number:**

**Requisition Number**

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ]

6 [ ]

**Salaries and fixed charges for this period are indicated below.**

**This form must be included in the reimbursement request if funds in Object Codes 1000 and 2000 are being requested. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.**

**Dates:**

| **Name** | **Position** | **Amount of Salary Claimed****(Object Code)****1000** | **Benefits****(Object Code)****2000** | **Voucher/Check****Number Needed****2000 Only** |
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|  | **TOTAL** |  |  |  |

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**VIRGINIA DEPARTMENT OF EDUCATION**

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

**STATE PROJECT DOCUMENTATION**

**School Division/School:**

**Award Number:**

**Requisition Number:**

1 [ ]

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**This form is to be used to document expenditures for Object Codes 3000, 4000, 5000 and 6000. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.**

| **Vendor** | **Item Description** | **Object Code** | **Check or Voucher No.** | **Date of Payment** | **Amount** |
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|  |  |  |  | **TOTAL** |  |

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**VIRGINIA DEPARTMENT OF EDUCATION**

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

**EQUIPMENT DOCUMENTATION**

**School Division/School:**

**Award Number:**

**Requisition Number:**

1 [ ]

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**This form is to be used to document expenditures for Object Code 8000, Capital Outlay/Equipment. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.**

| **Name of Vendor and Item Name or Description** | **Model Number** | **Serial Number** | **Location of Item** | **Date of Payment** | **Voucher/Check Number** | **Amount** |
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