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| Virginia Department of Education **OFFICE OF CAREER AND TECHNICAL EDUCATION SERVICES****INFORMATION TECHNOLOGY INDUSTRY CERTIFICATION ASSESSMENTS****REIMBURSEMENT REQUEST FORM** |
|  School Division No: | Name: |  |
|  Reimbursement Period:  | School Year 2015-2016 [ ]  (December 1, 2015 to May 31, 2016) |
|  | **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.**

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| **Information Technology Expenditures** | **Number of Exams** | **Amount Claimed** |
| Information Technology Student Certifications  |  | $ |
| Information Technology Teacher Certifications  |  | $ |
| Information Technology Site Licenses  |  | $ |
| Information Technology Training  |  | $ |
| **Total Amount Claimed for all Information Technology Exams and Pre-Tests, and/or Other Information Technology Expenditures** |  | **$** |

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|  Preparer’s Name/Telephone No: |  |  |  |
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|  |  |  |  |  |
| *Date* |  | *Career and Technical Education Administrator’s Signature*  |
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|  |  |  |  |  |
| *Date* |  | *Superintendent’s or Authorized Designee’s Signature* |
| **(All Signatures must be in BLUE INK)**  |
|  *--------------------------------------------------For Department of Education Use Only------------------------------------------------* |
|  |
|  Amount of Payment | $ |  | Approved for Payment |  |  |
|  LOLITA B. HALL Director, Career and Technical Education  |
|  Payee Code: |  | Project Code: | 80165 | Program Code: | 178-02 | Date: |  |  |
| If you have any questions, please contact: W. Terry Dougherty, CTE Grants Administrator at (804) 225-3349 or Terry.Dougherty@doe.virginia.gov.  **Mail the completed and signed form by June 3, 2016 to:** Virginia Department of Education, Office of Career and Technical Education, Attn: Grants Administrator, P.O. Box 2120, Richmond, VA 23218-2120 **or** **Scan and e-mail a color PDF signed form to:** **CTE@doe.virginia.gov** **or** **Fax to:** 804-530-4560 |

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**VIRGINIA DEPARTMENT OF EDUCATION**

**OFFICE OF CAREER AND TECHNICAL EDUCATION SERVICES**

**INFORMATION TECHNOLOGY INDUSTRY CERTIFICATION EXPENDITURES**

**REIMBURSEMENT REQUEST FORM**

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| **School Division /School Name:** |  |  |  |
| Reimbursement Period: **SY 2015-2016** [ ]  (December 1, 2015 to May 31, 2016) |  |
| **Specific Name of Information Technology Industry Certification Assessments****(As listed on the approved VDOE Information Technology Industry Credentials)**  | **Number of Teachers/Students Taking This Credential** | **Total Expense Related To This Credential** |
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**VIRGINIA DEPARTMENT OF EDUCATION**

**OFFICE OF CAREER AND TECHNICAL EDUCATION SERVICES**

**INFORMATION TECHNOLOGY SITE LICENSES EXPENDITURES**

**REIMBURSEMENT REQUEST FORM**

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| **School Division/School Name:** |  |  |  |
| Reimbursement Period: **SY 2015-2016** [ ]  (December 1, 2015 to May 31, 2016) |  |
|  |
| **Specific Name of Credential Site License****(As listed on approved VDOE Information Technology Industry Credentials)** | **Credential Site License Start and End Dates** | **Total Expense Related To This Credential Site License** |
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**VIRGINIA DEPARTMENT OF EDUCATION**

**OFFICE OF CAREER AND TECHNICAL EDUCATION SERVICES**

**INFORMATION TECHNOLOGY TRAINING EXPENDITURES**

**REIMBURSEMENT REQUEST FORM**

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| **School Division/School Name:** |  |  |  |
| Reimbursement Period: **SY 2015-2016** [ ]  (December 1, 2015 to May 31, 2016) |  |
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| **This form is to be used to document Information Technology Training expenditures for Object Codes 3000 and 5000.**  |
| **ALL INFORMATION MUST BE PROVIDED** |

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