



Federal Grants - Carolyn Koch ckoch@esu7.org

SPED/SPED Grants - Susan Olmer solmer@esu7.org

CORE/Technology - Liz Lawrence llawrence@esu7.org

## PLANNED EXPENDITURES REIMBURSEMENT REQUEST FORM

## **Information Needed for Reimbursement**

- 1. Requests for funding are to be submitted for approval at least 30 days prior to the event whenever possible. Please use one form per staff member.
- 2. Funds will be expended only with completed request form and receipts. Documentation of attendance and expenditures are required.
- 3. Mileage will be reimbursed at the IRS approved rate.
- 4. If requesting funds for hotel expenses, a receipt must be submitted. Meal expenses must be on an itemized receipt to receive reimbursement. No tips over 15% will be reimburseed. Reimbursements will not exceed Nebraska Daily Per Diem. Per Diem Rates, click on link then choose Nebraska, http://www.gsa.gov/portal/category/100120.
- 5. Reimbursements are paid to the school district (with the exception of non public school personnel).
- 6. If you have not received reimbursement from ESU 7 in the past, a W-9 will be required before payment will be sent out. https://www.irs.gov/pub/irspdf/fw9.pdf
- 7. Platte Valley Early Learning Connections is supported in part by a grant from federal CCDF, and a grant from Part C and Part B, 619 IDEA (Individuals with Disabilities Education Act) administered by the Nebraska Department of Education. (ELC)
- 8. ELC Grant does not include food/hotel reimbursement. Mileage will be approved/determined by the ELC Coordinator prior to the professional development event. (ELC)
- 9. Definition In general, to supplement, not supplement means Title funds are used to implement programs and services that would not be available if it were not for these federal funds. In other words, if Title funds were not available to do this activity, the district would not do it. ESEA legislation defines scientifically based research as "research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs" (ESSA, 2015) A reliable website for evidence based activities can be found at https://www2.ed.gov/policy/elsec/leg/essa/guidanceuseseinvestment.pdf.

**Please note:** Payment is not made prior to the event. Funds are reimbursed to an individual or school district after necessary paperwork is returned (i.e. documentation and approval).

| Payment to<br>Name/School:                      |         |                     |  |                               |                               | Email:                             |                                       |                 |  |
|---|---------|---------------------|--|-------------------------------|-------------------------------|------------------------------------|---------------------------------------|-----------------|--|
| Address:  |         |                     |  |                               | City, State, Zip:             |                                    |                                       |                 |  |
| Activity/Event/Request:                         |         |                     |  |                               |                               | Date(s) of Event:                  |                                       |                 |  |
| Location of Event:                              |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Rationale for this request:                     |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Estimated Expenses                              |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Participant Name                                | Mileage | Mileage<br>Amount   | Registration<br>Fee                              | Lodging/<br>Meals             | Sub Pay/Stipend/<br>Flat Rate | Supplies Description               |                                       | Supplies Amount |  |
|   |         |                     |  |                               |                               |                                    | •                                     |                 |  |
|   |         |                     | <del>                                     </del> |                               | <u> </u>                      |                                    |                                       |                 |  |
| <u> </u>  |         |                     |  |                               | <u> </u>                      |                                    |                                       |                 |  |
|   |         |                     |  |                               |                               |                                    |                                       |                 |  |
|   |         | i                   | -  |                               | +                             |                                    |                                       |                 |  |
|   |         |                     |  |                               |                               |                                    |                                       |                 |  |
|   |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Particpant Signature                            |         |                     | District Administrator Signature                 |                               |                               | Reques                             | Request Approved by ESU 7 Coordinator |                 |  |
|   |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Actual Expense Amount Reimbursed Mileage Amount |         | Registration<br>Fee | Lodging/<br>Meals                                | Sub Pay/Stipend/<br>Flat Rate | Supplies<br>Amount            |                                    |                                       |                 |  |
|   |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Invoice #                                       |         |                     | Coord  | inator Expense A              | pproved                       | ved Administrator Expense Approval |                                       |                 |  |
| Vendor Name                                     |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Vendor Number                                   |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Code  |         |                     |  |                               |                               |                                    |                                       |                 |  |
| Total to Pay                                    |         |                     |  | i                             |                               |                                    |                                       |                 |  |