2013-2014 REQUEST FOR REIMBURSEMENT
NO CHILD LEFT BEHIND PROGRAM
Title II, Part A, SubPart III – Improving Teacher Quality State Grants (CFDA# 84.367B)

Project Title_______________________________________________________________

Project Director ___________________________________________________________

Name of Institution _________________________________________________________

Amount Requested __________________________________________________________

Federal ID# __________________________________________________________________

Unique identifier of the entity and its parent (i.e. DUNS#)_________________________

Description of Payment: NCLB 2013-14  Attention: ______________________________ (Limit 30 characters)

Contact Person __________________________ Phone _____________________________

Note: Please allow up to three weeks for processing of payment. 50 percent of your grant funds may be requested for start up expenditures after July 1, 2013. Additional requests can be made after October 1, 2013.

<table>
<thead>
<tr>
<th>Budget Codes</th>
<th>Amount Awarded</th>
<th>Current Expenditure</th>
<th>Year to Date Expenditure</th>
<th>Balance Remaining (Amt. Awarded – Yr. to Date Expenditure)</th>
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</thead>
<tbody>
<tr>
<td>Personal Services and Employee Benefits (1100)</td>
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<tr>
<td>Contractual Services: Consultants and Travel Employee Benefits (1200)</td>
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<td>Supplies and Materials (1300)</td>
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<tr>
<td>Transfer Payments for Participants or Substitutes (1400)</td>
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<tr>
<td>Continuous Services (1500)</td>
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<tr>
<td>Indirect Cost Recovery</td>
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<tr>
<td>Total</td>
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</tbody>
</table>
Section A

1. Agency Type (select one):
   ____State Agency
   ____Non-State Agency

2. Payment Type (select one):
   ____Electronic Payment
   ____Check  (Payable to: ____________________________)
   Address: ________________________________________
   ____________________________________________
   ____________________________________________
   EIN # _________________________________________

3. Fund Advance Tracking System (FATS) Information (State Agencies must complete the following):

   FATS # ______________________
   Agency # ______________________
   FATS Contact Person ______________________
   Phone Number ______________________
   E-mail ______________________

   *After your fiscal department has processed your FATS entry email EllieBoyd@schev.edu with your FATS number and agency number.

Section B

(Institution, School or Organization) claims reimbursement for disbursements made during the period, 20_______ under the provisions of the grant listed above. This is to certify that the expenditures listed in this reimbursement have been paid in accordance with federal/state approved policies and or regulations of the SCHEV and the U.S. Department of Education. It is further certified that documentation is retained and available in the office of the Institution or local agency upon request to support the claim, which is subject to federal/state audits.

<table>
<thead>
<tr>
<th>Total Amount Claimed this Request</th>
<th>$</th>
</tr>
</thead>
</table>

Prepared by ________________________________________________________________________________
Phone Number _______________________________________________________________________________

Project Director/Designee_________________________________________________________ Date________

Return original and a copy to:

Darlene Derricott
No Child Left Behind Coordinator
State Council of Higher Education for Virginia
101 North 14th Street, James Monroe Building, 9th Floor
Richmond, VA 23219

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