

REQUEST FOR REIMBURSEMENT

North East Florida Educational Consortium

(To be submitted by the first of the month)

3841 Reid Street • Palatka, Florida 32177

1. Reimbursement Requested by: (Check Issued To:)						2. Mailing Address (For Check)	
3. Fed ID #		4. School District DUNS #		5. Date Submitted		6. Contact Person/Dept.	7. Phone #
8. Name of Grant/Conference/Workshop/Event			9. School (List if Applicable)		10. Reimbursement Date(s) (Date of Reimbursable Event Or Time Period)		
				DO NOT USE FOR NEFEC USE ONLY			
11. Type of Expenses (e.g. Travel, Stipend, Substitutes)	12. Unit Cost (Per Individual Or Expense Type)	13. # of People	14. Sub Total (Unit Costs x # of People)	FUND	FUNCTION	OBJECT	PROJECT
Continue list on additional forms as necessary			15. Total \$				
16. Requested by _____				Date Rec'd	Date Approved		
17. Dept/School _____ (Where Request Originated)				Project Supervisor:			
18. Authorized Signature _____ (person authorizing reimbursement)				Director:			
19. Authorized Finance Officer _____				Executive Director:			
20. Proof of Payment attached <input type="checkbox"/>				Project Name:	Federal Dollars <input type="checkbox"/> YES <input type="checkbox"/> NO		
Original(White)copy – Putnam Finance, Yellow-Putnam Finance Remittance, Pink-NEFEC, Gold-County							

Form 399 or other financial backup must be submitted with the request for reimbursement form.
Revised 11/14

- IS sub-recipient funds and should be included on your Schedule of Expenditures of Federal Awards (SEFA)
- IS NOT

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1. State name of school/district or agency the check will be issued to
2. Mailing address for check
3. Federal Identification Number
4. School District DUNS #
5. Date the reimbursement request is being submitted
6. Contact person or department initiating request
7. Phone number for contact person or department
8. Name of the conference or workshop event involved in the reimbursement request
9. Location or dates for the workshop or conference
10. Date or dates for the workshop or conference
11. Type of expense being claimed: indicate travel, stipend, substitutes, etc.
12. Cost per individual or unit price
13. Total number of people attending conference or workshop event
14. Sub total the cost amount (individual cost multiplied by the number of people)
15. Grand total cost of the reimbursement request
16. Reimbursement requested by: person's name preparing the request
17. Department/School where this request originated
18. Department/School Person authorizing reimbursement
19. Finance officer's signature authorizing reimbursement
20. Proof of Payment attached