

REQUEST FOR REIMBURSEMENT

(To be submitted by the first of the month)

North East Florida Educational Consortium

3841 Reid Street • Palatka, Florida 32177

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

Form 399 or other financial backup must be submitted with the request for reimbursement form.
Revised 3/09S

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

REQUEST FOR REIMBURSEMENT

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