

INTERAGENCY COMMITTEE ON SCHOOL CONSTRUCTION
PUBLIC SCHOOL CONSTRUCTION PROGRAM

NONPUBLIC AGING SCHOOLS PROGRAM
FISCAL YEAR 2014

REQUEST FOR REIMBURSEMENT TO NONPUBLIC SCHOOLS

NAME OF SCHOOL: _____ FEDERAL TAX ID: _____

PROJECT: _____ MSDE SCHOOL: 09 _____

MAX. GRANT ALLOCATION: \$ _____ TOTAL PROJECT CONTRACTS: \$ _____

MAIL PAYMENT TO THE FOLLOWING ADDRESS:

REQUEST REIMBURSEMENT FOR THE FOLLOWING PROJECTS:

CONTRACTOR	INVOICE NUMBER	INVOICE DATE	DATE PAID	AMOUNT

TOTAL: _____ \$0.00

LOCAL COSTS: _____

TOTAL REQUEST: _____ \$0.00

I hereby certify that this reimbursement request represents invoices that have been approved for payment by all school responsible persons, is for a project previously approved by the Maryland State Department of Education for funding under the Public School Construction Program/Nonpublic Aging Schools Program, is applicable to contractual arrangements approved by the school, has not been previously submitted for payment or reimbursement and payment of this amount has been made by this school to the applicable contractor from funds other than tax exempt bond proceeds.

Signature of Nonpublic School Representative

Date