



# Application for Reimbursement of Pre-Exam Review and Certification Exam Expenses

**NOTE: All Pre-Exam Reviews and Certifications must be completed by May 30th of the current year – Invoices submitted after this date will not be paid.**

**NOTE: Payment of this grant is contingent on prior approval of application and the availability of funding.**

**This AGREEMENT is between the Teacher or School District or Institution representative and the Perkins PDI  
This form must be preceded by an approved Pre-Exam Review Teacher Application PRIOR to reimbursement.  
THIS FORM SHOULD BE COMPLETED BY WHOEVER IS RECEIVING THE REIMBURSEMENT CHECK**

**Name of Teacher or Organization Representative requesting reimbursement:** \_\_\_\_\_

**Address where check is to be sent:** \_\_\_\_\_

**Reimbursement Requested for the following:**

FDOE TSA Certification Title: \_\_\_\_\_ FDOE TSA Code \_\_\_\_\_

Attach receipts for the following to this application:

Materials/Programs: \$ \_\_\_\_\_ - Certification Exam Cost: \$ \_\_\_\_\_ - Internal Group Facilitator Cost: \$ \_\_\_\_\_

**Total Reimbursement Requested: \$ \_\_\_\_\_**

**NOTE: Reimbursements can be claimed AFTER completion of the certification examination AND submission of the following:**

- Invoice (can be a simple letter or email request)
- Attendance verification (class roster or sign-in sheet indicating who was present, if applicable)
- Proof of payment for training, books & other study materials, facilitator stipend, certification exam and proctoring fee
- Copy of certification and/or test scores (PDI cannot pay for teachers who do not sit for the certification examination)
- W9 Form

**Signature and contact information of Teacher or Organization Representative requesting reimbursement:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Budget Number: <b>0 2 1 2 5 0 6 1 4</b>	GLC Code: <b>64508</b>	Originator: <b>Rob Wolf</b>
--	---------------------------	--------------------------------

**TERMS AND CONDITIONS (Please Read)**

1. This Agreement is entered into between the Perkins Professional Development Institute (PDI) and the above-named person or organization representative.
2. The PDI agrees to reimburse the above-named person or organization for training and certification expenses described during the period indicated, and the above-named person or organization shall be reimbursed at the rate indicated upon submission of required documents.
3. The above-named person or organization representative agrees to comply with all requirements stated in this agreement. It is further understood that, at its option, the PDI may cancel this agreement any time prior to the commencement of the contract period. In this event, the PDI has no obligation of any kind. All Agreements are void after Mid-June of the current school year.
4. This contract shall, at all times' be subject to any and all laws, Florida State Board of Education rules and policies now existing or hereafter enacted or promulgated.
5. The above named person or organization representative, in order to be reimbursed, will assure that all documents related to this agreement (rosters, test results, receipts and other related document) are packaged and submitted to the Perkins PDI with an invoice when certification testing has been completed.

**College of Central Florida, Perkins Professional Development Institute Approval:**

\_\_\_\_\_  
Rob Wolf, Perkins PDI Director at the College of Central Florida

\_\_\_\_\_  
Date Approved

Scan and E-MAIL to - WALLACEA@CF.EDU  
Or MAIL to: Maraci Wallace  
Perkins PDI, College of Central Florida, Bldg. 40-202B,  
3001 College Road, Ocala, FL 34474-4415

PDI # \_\_\_\_\_

*NOTE: Incomplete or unsigned applications and applications that do not meet FDOE standards will be rejected.*