## **REQUEST FOR REIMBURSEMENT TO NONPUBLIC SCHOOLS**

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) INTERAGENCY COMMISSION ON SCHOOL CONSTRUCTION (IAC)

## FISCAL YEAR: 2024

Senator James E. "Ed" DeGrange NONPUBLIC AGING SCHOOLS PROGRAM (NASP)

## ATTACHMENTS REQUIRED:

□ 1. IRS Form W-9 for SCHOOL

- 2. Copy of invoice from each contractor (receipts, quotes, change orders, etc. are not acceptable)
  - 3. Proof of Payment, please check box(es) that apply (All payments made to the contractor must come from the school) Copy of canceled check to each contractor, front and back showing bank endorsement stamp

    - Third party (bank) statement
      Original, notarized copy of Contractor's Certification of Payment Form D

EMAIL COMPLETED FORM & ATTACHMENTS TO: <u>myron.mason@maryland.gov</u> Please fill out all fields. NAME OF SCHOOL:	FEDERAL TAX ID:			
NAME OF SCHOOL:				
PROJECT:	MSDE SCHOOL: 09			
CONTACT E-MAIL ADDRESS:				
CONTACT PHONE NUMBER:				
MAX. GRANT ALLOCATION: \$	_ TOTAL PROJECT CONTRACTS: \$			
MAIL PAYMENT TO THE FOLLOWING ADDRESS:				
	RESERVED FOR MSDE			

I REQUEST REIMBURSEMENT FOR THE FOLLOWING PAYMENTS:

CONTRACTOR (Include all contractors on each line even if it is the same one. Attach another form if needed to list more)	INVOICE NUMBER	INVOICE DATE	DATE PAID	AMOUNT
			TOTAL:	
		STA	TE REQUEST:	
		BALANC	E PD. BY SCH.:	

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 Interagency Commission on School Construction/Nonpublic Schools Programs, is applicable to contractural arrangements approved by the school, has not been previously submitted for payment of reimbursement and payment of this amount has been made by this school to the applicable contractor(s) from funds other than tax-exempt bond proceeds.

Signature of Nonpublic School Representative

Date