

Alabama State Department of Education
 Office of Financial Management
 LEA Accounting
 PO Box 302101
 Montgomery, AL 36130-2101
 ES-2 Form 21-4 STATE FUNDS

CLAIM FOR REIMBURSEMENT
 CATASTROPHIC SUPPORT FUND (SECF)
 FUND SOURCE 2240
 (See Instructions for Completing)

FY2021

MONTH OF _____
 AWARD NUMBER _____

LEA:	LEA Code #	DATE SUBMITTED:	CLAIM NUMBER		
			FINAL CLAIM		
Contact Person:	Email Address:	Telephone Number:			
FINAL CLAIM MUST BE RECEIVED PRIOR TO OCTOBER 15, 2021					
ITEMIZE ITEMS OF EXPENSE FROM APPROVED GRANT (EACH LINE ITEM)	ACCOUNT CODES (ALL 27 DIGITS)	APPROVED AWARD BUDGET AMOUNT	EXPENDITURES THIS PERIOD	CUMULATIVE EXPENDITURES TO DATE	GRANT AWARD BUDGET BALANCE
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL EXPENDITURES		\$ -	\$ -	\$ -	\$ -

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

I hereby certify that to the best of my knowledge, this information is correct and that funds were expended and substantiated by itemized paid documentation attached, and are in agreement with the terms of the approved application.

APPROVED:

 LEA SPECIAL EDUCATION COORDINATOR OR DESIGNEE

 ALSDE, SPECIAL EDUCATION SERVICES FISCAL REPRESENTATIVE

 LEA CHIEF SCHOOL FINANCIAL OFFICER

 ALSDE, SPECIAL EDUCATION SERVICES DIRECTOR

 LEA SUPERINTENDENT

 ALSDE, ACCOUNTING REPRESENTATIVE