CLAIM FOR REIMBURSEMENT
IDEA DISCRETIONARY GRANT
INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
AS AMENDED BY P.L. 108-446, CFDA 84.027

Alabama State Dept. of Education
Office of Financial Management
LEA Accounting
IDEA Form 16-2A 10/13/2015

www.alsde.edu, Offices, Office of Financial Management, LEA Accounting, Forms-IDEA

<table>
<thead>
<tr>
<th>System</th>
<th>System Code</th>
<th>CLB #</th>
<th>Date Submitted</th>
<th>Claim Number</th>
<th>Final Claim</th>
</tr>
</thead>
</table>

Contact Person | E-Mail Address | Telephone Number | Fax Number |

FINAL CLAIM MUST BE RECEIVED PRIOR TO NOVEMBER 1, 2016

<table>
<thead>
<tr>
<th>Description of Expense</th>
<th>Account Codes Function Program</th>
<th>Object</th>
<th>Approved Budget This Period</th>
<th>Expenditures This Period</th>
<th>Cumulative Expenditures</th>
<th>Budget Balance</th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td></td>
<td>(6)</td>
</tr>
</tbody>
</table>

| TOTALS | $ | - | $ | - | $ | - |

I HEREBY CERTIFY THAT THE EXPENDITURES LISTED ABOVE ARE CORRECT, ARE FOR THE PERIOD INDICATED, ARE SUBSTANTIATED BY ITEMIZED PAID DOCUMENTATION ATTACHED, AND ARE IN AGREEMENT WITH THE TERMS OF THE APPROVED APPLICATION.

APPROVED:

SPECIAL EDUCATION SERVICES

STATE DEPARTMENT OF EDUCATION

FOR SDE USE ONLY

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Voucher #</th>
<th>Amount</th>
</tr>
</thead>
</table>

SIGNATURE OF SPECIAL EDUCATION COORDINATOR

SIGNATURE OF CHIEF SCHOOL FINANCIAL OFFICER

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).

SIGNATURE OF LEA SUPERINTENDENT

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).