FY 2017

INSTRUCTIONS- IDEA FORM 17-2
CLAIM FOR REIMBURSEMENT/REPORT OF EXPENDITURES
SSIP IDEA DISCRETIONARY GRANT
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA), PART B
AS AMENDED BY P. L. 108-446, CFDA 84.027A

Submit one copy with original signature of Authorized Agency Official/LEA Superintendent to:

Alabama State Department of Education
Office of Financial Management
LEA Accounting
5141 Gordon Persons Building
Post Office Box 302101
Montgomery, Alabama  36130-2101

CLAIM FOR REIMBURSEMENT/REPORT OF EXPENDITURES must be submitted on or before the 10th day of each month. This report must be submitted monthly with substantiating documentation attached. Expenditures made prior to budget application approval effective date are not reimbursable. Final claim for reimbursement must be marked final and received by SDE no later than November 1, 2017.

All payments will be on a reimbursement basis. DO NOT submit an ES-2 or request funds on e-GAP, as there will be no advancements made.

I. PAGE 1 - Claim for Reimbursement

A. Enter official title (name) of the Local Education Agency (LEA) on behalf of which the Claim for Reimbursement is being made and the three digit identification number (system code) assigned to the LEA by the State Department of Education (SDE).

Claims should be numbered consecutively and the applicable number entered in space provided. Indicate whether or not claim being submitted will be the Final Claim.

For the period covered by claim, specify the month and year.

B. COLUMN 1: Itemize in detail all items of expense for period being reported in accordance with LEA’s Approved Application/Budget. Use additional sheets if needed. List each line item as approved on budget whether there are expenditures for this period or not.

C. COLUMN 2: Refer to the Financial Planning, Budgeting and Reporting System for Alabama Public Schools for appropriate Function, Program, and Object of Expenditure Codes.

D. COLUMN 3: APPROVED BUDGET - Complete with the last Approved Budget figures.
E. COLUMN 4: Complete with expenditure amounts for the month being reported and attach substantiating documentation.
   **Documentation shall include:**
   a. Salaries and Fringe Benefits must include the following:
      1. Copy of itemized paid payrolls (copy of the MCAI Payroll System P/R check records report which states the check number, date, and pay period of person being paid)
      2. Benefits must be itemized, employer's share only (copy of the MCAI Payroll System Payroll Register by funding source)
         i. SOCIAL SECURITY - (FICA) 6.20% Of total Salary.
         ii. MEDICARE - 1.45% of total Salary.
         iii. RETIREMENT – 12.01 % Of total Applicable Salary.
         iv. Unemployment Compensation - 10/01/2016 - 09/30/2017 - LEA Rate in effect.
   b. Materials and Supplies
      Copy of Invoice and Proof of Payment

F. COLUMN 5: Complete with cumulative expenditures to date. Total of Expenditures This Period plus Cumulative Expenditures To Date from previous Claim For Reimbursement/Report of Expenditures.

G. COLUMN 6: Complete with unexpended budget balance figures (Column 3 less Column 5).

H. SIGNATURE OF SPECIAL EDUCATION COORDINATOR.

I. SIGNATURE OF CHIEF SCHOOL FINANCIAL OFFICER.

J. SIGNATURE OF LEA SUPERINTENDENT//DATE SIGNED
   Original signature of LEA Superintendent is required. Stamped or xeroxed signatures are not acceptable. **READ CERTIFICATION CAREFULLY BEFORE SIGNING CLAIM FOR REIMBURSEMENT/REPORT OF EXPENDITURES. ENTER DATE SIGNED.**

II. PAGE 2 - PROGRAM NARRATIVE
   Complete on Final Claim for Reimbursement only. Attach additional sheets if needed. Describe in detail what was achieved.