**Kentucky Department of Education**

**Nita M. Lowey 21st Century Community Learning Program**

# **QUARTERLY REIMBURSEMENT REQUEST**

**NOTE: Grantees are required to attach the MUNIS, all purchase/field trip requests, and approvals into one PDF e-mail attachment and submit it to your KDE consultant.**

**Check to ensure the items below are in this document as ONE attachment and the quarter is identified:**

**Reimbursement Request** *(Include a* ***detailed*** *description under each section)*

**Detailed MUNIS Report** *(Include Quarter to Date column)*

**All APPROVED requests** *(Including all field trips, purchase, technology, cooking, contractual, travel, and supplies)*

October 25th (July, Aug., Sept.)  January 25th (Oct., Nov., Dec.)

April 25th (Jan., Feb., March) July 25th (April, May, June)

**Date Submitted:** Click or tap to enter a date.

**Grant Cycle:** Click here to enter text.

**Grant Type:** Choose an item.

**Fiscal Agent:** Click here to enter text.

**Co-applicant:** Click here to enter text.

**BUDGET project #:** Click here to enter text.

**Amount requested:** Click here to enter text.

*(MUNIS Project Report or Report of Expenditures must accompany reimbursement request and reflect amount requested)*

**School(s) Served:** Click here to enter text.

**Physical Address:** Click here to enter text.

**district:** Click here to enter text.

**# OF REGULAR ATTENDEES:** Click here to enter text.

**# OF DAILY ATTENDEES:** Click here to enter text.

**Site Coordinator:** Click here to enter text.

**Program Director:** Click here to enter text.

**Name of Staff Member Submitting Report:** Click here to enter text.

**E-mail/Phone:** Click here to enter text.

**project director/coordinator signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FISCAL AGENT FINANCE OFFICER/REPRESENTATIVE:**

Please review and sign to acknowledge the amount is accurate and aligns with the attached, detailed quarterly MUNIS expense report.

**FISCAL OFFICER/REPRESENTATIVE SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include a **detailed** description under each section.Justify expenses for each category, including any vendors. List your program activities in each section. **Please limit your budget breakdown to these pages**.

| **Personnel/Fringe** *(Please include each position paid for with 21st CCLC funds this quarter-example: Certified Teachers, Site Coordinator, Director, Classified Staff, and others.)* | **Amount** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

| **staff Travel** *(Please identify where you traveled to and from and why.)* | **Amount** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

| **Equipment/Technology** *(Please identify items purchased, quantity, and cost of items. Then list the total amount.)* | **Amount** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

| **Supplies/Materials** *(Please identify items purchased, quantity, and cost of items. Then list the total amount.)* | **Amount** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

| **Contractual** *(Please identify any funds spent on contractual agreements this quarter.)* | **Amount** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

| **program Transportation** *(Bus driver pay, field trips, and program transportation.)* | **Amount** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

| **Other** *(Please identify any items not addressed in the other sections.)* | **Amount** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |