

Attachment B to Adm. Memo No. 035

JD. 006

OFFICE OF SPECIAL EDUCATION  
AND STUDENT SERVICES  
DEPARTMENT OF EDUCATION  
P. O. BOX 2120  
RICHMOND, VIRGINIA 23218-2120

**RETURN BY August 1, 2000**

**SPECIAL EDUCATION/REGIONAL TUITION  
REQUISITION FOR REIMBURSEMENT: PERIOD ENDING JUNE 30, 2000**

CITY/COUNTY/TOWN \_\_\_\_\_ DIVISION CODE \_\_\_\_\_

REIMBURSEMENT OF TUITION FOR ELIGIBLE STUDENTS WITH DISABILITIES  
ATTENDING CERTAIN REGIONAL SPECIAL EDUCATION PROGRAMS:

**REIMBURSEMENT REQUESTED**  
(Please Check)

A. REGIONAL PROGRAM TUITION \_\_\_\_\_ Yes\* \_\_\_\_\_ No \$ \_\_\_\_\_

\*Tuition Grant Extract Report diskette **Must** be enclosed.

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This is to certify that the expenditures listed in this request for reimbursement have been paid in accordance with the federal/state policies and/or regulations of the Board of Education. It is further certified that documentation is retained and available upon request to support the claim, which is subject to federal and/or state audits, as required.

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Date

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Signature of Division Superintendent