**School Name:** _____
**BEDS Code:** __ __ __ __ __ __ __ __ __ __ __ __

## EXPENSE REQUEST AND CERTIFICATION

7/1/14 – 6/30/15

| **Expense Category**: | **Amount**: |
|---|---|
| Teacher Tuition or Test Expenses | _____ |

## CHIEF ADMINISTRATOR'S CERTIFICATION

***I hereby certify that the requested budget amounts are necessary for the implementation of this project and that this agency is in compliance with applicable Federal and State laws and regulations, that these monies will be disbursed as supplemental compensation to teachers and that these monies will not be used to supplant teacher compensation received from other revenue sources. I further certify that when these expenditures become base year expenses they will be reported separately from other teacher compensation so as not to be reimbursed in subsequent years calculations of tuition rates.***

_____ _____
**Date** **Signature**

_____
**Name and Title of Chief Administrative Officer**

**Phone #:**_____**Fax #:**_____**E-Mail Address:**_____

**Note: You must complete and return this document with the Chief Administrator's original signature by November 3, 2014 to the attention of Amanda Kaczmarek at the New York State Education Department, Rate Setting Unit, Room 302 EB, 89 Washington Avenue, Albany, NY 12234. Replications will not be accepted.**

<table>
<tr><th>RSU APPROVAL:</th><th colspan="3">FOR SED USE ONLY</th></tr>
<tr><td rowspan="3">Approved By:<br><br><br><br><br><br>Name:<br><br><br><br>Date:</td><td>Fiscal Year:</td><td>Amount Expended:</td><td>Final Payment:</td></tr>
<tr><td colspan="2">Voucher Number:</td><td>First Payment:</td></tr>
<tr><td>Log</td><td>Approved</td><td>MIR</td></tr>
</table>