

REQUEST FOR REIMBURSEMENT TO NONPUBLIC SCHOOLS

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE)
INTERAGENCY COMMISSION ON SCHOOL CONSTRUCTION (IAC)

FISCAL YEAR: 2024

Senator James E. "Ed" DeGrange
NONPUBLIC AGING SCHOOLS PROGRAM (NASP)

ATTACHMENTS REQUIRED:

- 1. IRS Form W-9 for **SCHOOL**
- 2. Copy of invoice from each contractor (**receipts, quotes, change orders, etc. are not acceptable**)
- 3. Proof of Payment, please check box(es) that apply (**All payments made to the contractor must come from the school**)
 - Copy of canceled check to each contractor, front and back showing bank endorsement stamp
 - Third party (bank) statement
 - Original, notarized copy of Contractor's Certification of Payment Form D

EMAIL COMPLETED FORM & ATTACHMENTS TO: myron.mason@maryland.gov

Please fill out all fields.

NAME OF SCHOOL: _____

FEDERAL TAX ID: _____

PROJECT: _____

MSDE SCHOOL: 09 - ____ - ____

CONTACT E-MAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

MAX. GRANT ALLOCATION: \$ _____

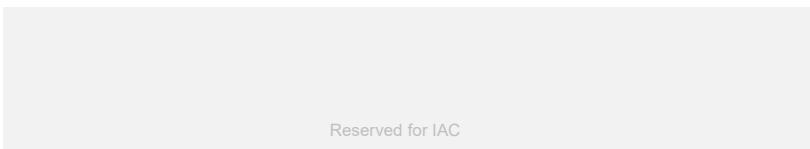
TOTAL PROJECT CONTRACTS: \$ _____

MAIL PAYMENT TO THE FOLLOWING ADDRESS:



I REQUEST REIMBURSEMENT FOR THE FOLLOWING PAYMENTS:

CONTRACTOR (Include all contractors on each line even if it is the same one. Attach another form if needed to list more)	INVOICE NUMBER	INVOICE DATE	DATE PAID	AMOUNT



TOTAL: _____

STATE REQUEST: _____

BALANCE PD. BY SCH.: _____

I hereby certify that this reimbursement request represents invoices that have been approved for payment by all school responsible persons, is for a project previously approved by the Maryland State Department of Education for funding under the Interagency Commission on School Construction/Nonpublic Schools Programs, is applicable to contractual arrangements approved by the school, has not been previously submitted for payment of reimbursement and payment of this amount has been made by this school to the applicable contractor(s) from funds other than tax-exempt bond proceeds.

Signature of Nonpublic School Representative

Date