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| **(District Name)**  **(Address)**  **(City), OH (Zip)** | | |
| **BILL TO:**  Ohio Department of Education  Attention: Jackqueline Clark  Office of Learning and Instructional Strategies  25 South Front Street  Columbus, OH 43215 | | **INVOICE NUMBER:**  (Create a unique name/number)  **INVOICE DATE:**  **VENDOR DATE: N/A**  **VENDOR ACCT#:**  **PO NUMBER: N/A** |
| **INVOICE DETAIL – An itemization of the work completed, materials or labor furnished. Include date(s) of examination.** | | |
| **TOTAL AMOUNT OF INVOICE**  **$** | | |
| **VENDOR REMIT PAYMENT TO ADDRESS:** | **VENDOR CONTACT INFORMATION**  **Name:**  **Phone number:**  **Email address:** | |

# Make additional copies of this form as necessary

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|  |  | **Determination of Low-Income Status**  **(check all that apply)** | | | |
| **Students (do not identify student by name)** | **IB course(s) that student has completed curriculum, standards assessments and an internally/externally assessed project (research paper, oral presentation, essay using original analysis).** | **Reduced/**  **Free Lunch Program** | **Family Receives Assistance Part A, Title IV Social Security** | **Family Receives Assistance Medicaid Program XIX, Social Security** | **Family Income** |
| **Student 1** |  |  |  |  |  |
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| **Student 2** |  |  |  |  |  |
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| **Student 3** |  |  |  |  |  |
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| **Student 4** |  |  |  |  |  |
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| **Student 5** |  |  |  |  |  |
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| **Student 6** |  |  |  |  |  |
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| **Student 7** |  |  |  |  |  |
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| **Student 8** |  |  |  |  |  |
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**Total Exam Fees $119 x no. of exams = $**

**Total Reimbursement Requested $**

**Assurance Statement:** I certify to the best of my knowledge that the students requesting fee reimbursements are eligible based on our school’s data. (There must be two signatures below.)

IB Coordinator Signature Work Phone E-mail Date

Administrator Signature Work Phone Email Date

**SUBMIT VIA EMAIL TO:**

Email to [fiscal.management@education.ohio.gov](mailto:fiscal.management@education.ohio.gov)

cc. to [Jackqueline.clark@education.ohio.gov](mailto:Jackqueline.clark@education.ohio.gov)

|  |  |
| --- | --- |
| **Internal Use Only** | |
| Template ID: |  |
| Signature: |  |
| Date: |  |

Fund: 3HI0

ALI: 200634

Department: EDU740000

Program: 6000B

Project: EDUT4A221