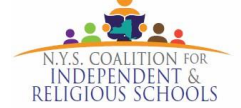


NYSCIRS
Request for Payment with Title IV Funds
2024-2025



Person Making Request: _____ School: _____

Date Submitted: _____ Date Needed: _____

Check made payable to: _____

Address: _____

Check Amount: \$ _____

Check memo line: (po#, invoice #, teacher name, etc.) _____

What initiatives does your PD request address?

Presenter: _____

Target Audience: _____

Location of PD: _____

Follow-up Plan (How will it be evaluated? What documentation will be provided? How will implementation be monitored?): _____

When requesting funds, please break down the costs as listed below:

_____ PD workshop/presentation by provider

_____ Materials required for the session

_____ Registration – conference, meeting, etc. (includes fees and dues)

_____ Travel (hotel, meals, and transportation)

_____ Hotel

_____ Meals

_____ Transportation

_____ **Total Requested**

Please include

1. Attendance rosters with signatures or other proof of attendance (copy of certificate, copy of name tag);
2. Description of programming.
3. Receipts (if applicable);
4. Copy of purchase order or proof of payment.

Approval Signature _____

Date _____

Please do not submit this form until all documentation is attached.

Please submit this form to: Federal Programs Coordinator - NYSCIRS - PO Box 4761 – Halfmoon, NY 12065
or email nyscirs338@gmail.com