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| --- | --- | --- |
| CARES Act - ESSER Grant Funds  Reimbursement Checklist | | |
| Charter School Name: | | |
| I approve this reimbursement request of funds from our school’s ESSER allocation. | | |
|  |  |  |
| Principal Signature | Typed Name | Date |

To submit:

1. SAVE AS Charter School Name – ESSER – Date of Submission
2. Complete all requested fields.
3. Organize reimbursement documentation including receipts, paid invoices, etc.
4. Email the completed reimbursement checklist to [Betsy.Hooper@sarasotacountyschools.net](mailto:Betsy.Hooper@sarasotacountyschools.net) with a cc: to [Tara.Konrardy@sarasotacountyschools.net](mailto:Tara.Konrardy@sarasotacountyschools.net).

Please be sure to submit with this form:

Proof of payments for all items to be reimbursed (receipt/ paid invoice, payroll records)

Proof of Attendance (sign-in sheet, certificate, etc.) if applicable

|  |  |
| --- | --- |
| Detailed Description of Item: (If appropriate, include per unit price x quantity) | TOTAL Expense |
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|  |  |
| TOTAL Reimbursement Requested |  |

Please copy this table if there was more than one item/activity.

If Reimbursement is to other than Charter School, please complete information below:

|  |
| --- |
| Name: |
| Address: |
| Phone: |
| Email: |

**Please submit all reimbursement requests within two (2) weeks of the activity/purchase. Note: Taxes cannot be reimbursed**