



**Visually Impaired Funds  
Equipment Reimbursement Form**  
Submit this form **PRIOR** to ordering products or services

School District \_\_\_\_\_

**You must provide assurances of the following:**

\_\_\_\_\_The material/equipment requested is designed specifically for people with visual impairments (VI) and will be used by a district student who is registered as VI with the state.

**Once items are approved, purchases may be made. Upon receipt of materials, the following MUST be provided to Region 7 ESC before reimbursement can be completed:**

- Proof of Payment.
- Approved copy of this form.
- Invoice on district letterhead to Region 7 for requested reimbursement amount.

<u>ITEM</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>TOTAL</u>

**Shipping \$** \_\_\_\_\_ **Grand Total \$** \_\_\_\_\_

\_\_\_\_\_

VI Teacher email address
Phone Number
Fax Number

\_\_\_\_\_

Signature of ISD VI Teacher or SpEd Director
Date

Please fax to Cheryl Schulik (903) 988-6877.

**ESC Use Only**

Date request received \_\_\_\_\_ Date approved \_\_\_\_\_ Budget \_\_\_\_\_ Initial \_\_\_\_\_

Date Proof of Payment received \_\_\_\_\_ Actual expenditure amount \_\_\_\_\_