



2017-2018
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. Repairs and or replacement parts are the districts responsibility for VI Equipment Reimbursement.

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 (with ESC Only box with date approved and initialed)
- 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

Signature of ESC 7 VI Specialist Signature of ESC 7 Director

Please email to Cheryl Schulik cschulik@esc7.net.

ESC Use Only

Date request received _____ Date approved _____ Budget _____ Initial _____

Date Proof of Payment received _____ Actual expenditure amount _____