

2008
Summer Academies & Intervention Academies

**DISTRICT STIPEND
REIMBURSEMENT
PACKAGE**

For questions or concerns, please contact:
Paula Weeks
Toll free: 1-877-USE-PAEC (873-7232), ext. 2313
weeksp@paec.org



www.paec.org



**INSTRUCTION SHEET
FOR DISTRICT STIPEND REIMBURSEMENT
2008 Reading First Intervention Academies**

The Panhandle Area Educational Consortium (PAEC) is designated by the Florida Department of Education as the Fiscal Agent for the 2008 Reading First Summer & Intervention Academies. **The PAEC will reimburse districts for the stipends of Reading First Reading Coaches and eligible Reading First teachers who serve grades K-3.** (Participants must be employed at a Reading First School and have attended a Summer Academy in a previous year to be eligible.) This reimbursement will be at the district school board approved stipend rate.

INSTRUCTIONS FOR INVOICE SHEET

1. Submit district invoice that includes the following information:
(District invoices **MUST** be signed by the district finance director and include their printed name and phone number.)
 - a. Description/Reason of reimbursement request
 - b. Location of Intervention Academy attended
 - c. Date of Intervention Academy
2. Attach required documentation:
 - a. A list of names of the participants for which you are requesting reimbursement, with the amount of stipend for each person, the grade level they serve and the Reading First School where they are employed (if payment has been provided to participants, include a payroll report)
 - b. A copy of the Academy sign-in sheets for which the participant(s) attended

OR

3. Use the attached invoice template

IMPORTANT NOTES:

Attention: District Contact

Please discuss this information with your Finance Director prior to your participants attending an Academy so he/she is aware of the teacher stipend reimbursement process.

Attention: Finance Officer

- ◆ **For reimbursement requests of Academy participation in May and June**, please **send your invoice and backup documentation** to Paula Weeks **by June 25, 2008** in order for the Washington County School District finance office to close out the fiscal year which ends June 30. For audit purposes, please be certain to submit your invoice and documentation by the deadline.
- ◆ **For reimbursement requests for Academy participation in July**, please know that July bills will be processed late in July. Due to closing out the prior fiscal year, our district finance office must close out the 2007-08 bills prior to processing July bills.

Mail invoice and documentation to: PAEC
Attn: Paula Weeks
753 West Blvd.
Chipley, FL 32428

If you have questions, please contact me by phone or email (toll-free 1-877-873-7232 Ext. 2313 / weeksp@paec.org).

SAMPLE

INVOICE*
FOR DISTRICT STIPEND REIMBURSEMENT FOR ELIGIBLE READING FIRST TEACHERS/COACHES ATTENDING AN INTERVENTION ACADEMY

School District: Washington
Address: 652 N. Third Street
Academy Contact Person: Paula Weeks
District Finance Officer: Ima Financer

City, State, Zip: Chipley, FL 32428
Phone #: 877-873-7232, ext. 2313
Phone #: 000-000-0000, ext. 1

Intervention Academy Location	Dates of Academy
<u>Panhandle Area Educational Consortium</u> <u>753 West Boulevard</u> <u>Chipley, FL 32428</u>	<u>June 9-12, 2008</u>
<u>Historic Chipley High School</u> <u>1111 Historic Road</u> <u>Chipley, FL 32428</u>	<u>June 17-20, 2008</u>

of Eligible Participants 115 x \$100.00 District Stipend Rate = \$11,500.00
Total Balance Due

* Note: Attached to the invoice MUST be:

- A list of names of the participants for which you are requesting reimbursement, with the amount of stipend for each person, the grade level they serve and the Reading First School where they are employed (*if payment has already been provided to participants, include a payroll report*), **and**
- A copy of the Academy sign-in sheets for which the participant(s) attended

Ima Financer
District Finance Officer Signature

6/24/2008
Date

Return invoice by mail to:

Paula Weeks
Panhandle Area Educational Consortium
753 West Boulevard
Chipley, FL 32428

FOR PAEC USE ONLY

FUND	FUNC	OBJ	PROJECT	PGM	AMT
731	6400	391			

INVOICE*
**FOR DISTRICT STIPEND REIMBURSEMENT FOR ELIGIBLE READING FIRST
TEACHERS/COACHES ATTENDING AN INTERVENTION ACADEMY**

School District: _____
Address: _____
Academy Contact Person: _____
District Finance Officer: _____

City, State, Zip: _____
Phone #: _____
Phone #: _____

Intervention Academy Location	Dates of Academy

of Eligible Participants _____ x \$ _____ District Stipend Rate = \$ _____
Total Balance Due

* Note: Attached to the invoice MUST be:

- a. A list of names of the participants for which you are requesting reimbursement, with the amount of stipend for each person, the grade level they serve and the Reading First School where they are employed (*if payment has already been provided to participants, include a payroll report*), **and**
- b. A copy of the Academy sign-in sheets for which the participant(s) attended

District Finance Officer Signature

Date

Return invoice by mail to:
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