

# REQUEST FOR REIMBURSEMENT TO NONPUBLIC SCHOOLS

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE)  
INTERAGENCY COMMISSION ON SCHOOL CONSTRUCTION (IAC)

**FISCAL YEAR: 2022**  
Senator James E. "Ed" DeGrange  
NONPUBLIC AGING SCHOOLS PROGRAM (NASP)

**ATTACHMENTS REQUIRED:**

- 1. IRS Form W-9 for **SCHOOL**
- 2. Copy of invoice from each contractor
- 3. Proof of Payment, please check box(es) that apply
  - Copy of canceled check to each contractor, front and back showing bank endorsement stamp
  - Third party (bank) statement
  - Original, notarized copy of Contractor's Certification of Payment Form D

**EMAIL COMPLETED FORM & ATTACHMENTS TO:** [myron.mason@maryland.gov](mailto:myron.mason@maryland.gov)

NAME OF SCHOOL: \_\_\_\_\_ FEDERAL TAX ID: \_\_\_\_\_

PROJECT: \_\_\_\_\_ MSDE SCHOOL: 09 - \_\_\_\_ - \_\_\_\_\_

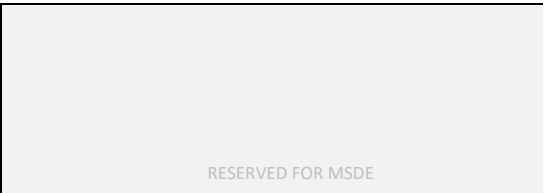
CONTACT E-MAIL ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

MAX. GRANT ALLOCATION: \$ \_\_\_\_\_ TOTAL PROJECT CONTRACTS: \$ \_\_\_\_\_

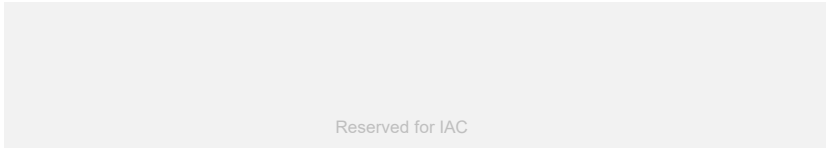
MAIL PAYMENT TO THE FOLLOWING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**I REQUEST REIMBURSEMENT FOR THE FOLLOWING PAYMENTS:**

CONTRACTOR (Attach another form if needed to list more)	INVOICE NUMBER	INVOICE DATE	DATE PAID	AMOUNT



TOTAL: \_\_\_\_\_  
STATE REQUEST: \_\_\_\_\_  
BALANCE PD. BY SCH.: \_\_\_\_\_

*I hereby certify that this reimbursement request represents invoices that have been approved for payment by all school responsible persons, is for a project previously approved by the Maryland State Department of Education for funding under the Interagency Commission on School Construction/Nonpublic Schools Programs, is applicable to contractual arrangements approved by the school, has not been previously submitted for payment of reimbursement and payment of this amount has been made by this school to the applicable contractor(s) from funds other than tax-exempt bond proceeds.*

\_\_\_\_\_  
Signature of Nonpublic School Representative \_\_\_\_\_  
Date