

## Title IIA Budget Request Form for GACE Exam

Name of Teacher: \_\_\_\_\_

SS# or Munis ID #: \_\_\_\_\_

Teaching Role FY 2023-2024: \_\_\_\_\_

GACE Test & Code #: \_\_\_\_\_

Date of GACE Test: \_\_\_\_\_

Purpose: \_\_\_\_\_

Cost of GACE Test: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Programs Director: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

- Submit completed and approved Request Form to Sharon McAllister in HR **prior** to teacher taking assessment.
- Sharon will submit to Amy Chang for approval
- Sharon will confirm with teacher to register
- Teacher will submit the following for reimbursement to Sharon McAllister in Human Resources:
  - Expense Reimbursement Form, completed and signed by teacher and principal
  - GACE Exam Receipt (with one of the following)
    - Credit Card receipt
    - Cancelled check
  - GACE Score Report
    - Copy of all tests attached
- Sharon will obtain approval requisition and submit to Finance for reimbursement

Note: Federal Programs will only reimburse for a passing score. All signatures/approvals are required to be submitted prior to the teacher taking the GACE assessment. GACE assessment must be taken in the grant year.

Any questions? Please call Sharon McAllister in Human Resources at 770-887-2461 Extension 201151 or [smcallister@forsyth.k12.ga.us](mailto:smcallister@forsyth.k12.ga.us)

Thank you!