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| --- | --- |
| **Oregon Department of Education** | Improvement |
| 255 Capitol Street NE | ODE Office Name |
| Salem, OR 97310 |  |

**Local Education Agency (LEA) Refund Payment**

**to the Oregon Department of Education (ODE) Form**

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

Name Institution ID # (4 digits)

Reason for return of funds:

Monitoring/Desk Audit Fiscal finding

ODE Monitoring Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Visit/Audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subgrant in aid over payment

Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent/Agency Head:

(Please print name)

Authorized Signature:

**Make check payable to the Oregon Department of Education and attach form to payment.**

(Please list each subgrant that funds are being returned from as a separate line. The check may be the total of all funds returned.)

|  |  |  |
| --- | --- | --- |
| Subgrant ID# | Amount | Comments |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| # | $ |  |
| Total Amount Returned | $ |  |

Form available on web at: www.oregon.gov/ode/schools-and-districts/grants/ESEA/Pages/ESEA-Monitoring.aspx

ODE Use only

Special Instructions:

|  |  |
| --- | --- |
|  | Return to subgrant |
|  | Reallocation |
|  | Return to USDE |
|  | Other: |
|  |  |