

REQUEST FOR KRA TRANSLATION SERVICES REIMBURSEMENT

To be completed by school district:

INVOICE NUMBER		OAKS SUPPLIER ID FOR SCHOOL DISTRICT	
SCHOOL DISTRICT NAME		CITY OF SCHOOL DISTRICT	
DISTRICT IRN	CONTACT PERSON FOR THIS INVOICE/FORM SUBMITTED BY		CONTACT PHONE
EMAIL ADDRESS FOR CONTACT			
STREET ADDRESS OF SCHOOL DISTRICT			
ADDRESS FOR WHERE PAYMENT NEEDS TO GO IF DIFFERENT FROM ADDRESS OF SCHOOL DISTRICT			
COUNTY OF SERVICE LOCATION			

REQUESTING REIMBURSEMENT FOR TRANSLATION SERVICES			
Reimbursement rate is \$100 per half day of translation services.			
HOW MANY CHILDREN RECEIVED TRANSLATION ON THE KRA-R2 OR KRA 2.0?	NUMBER OF 1/2 DAYS USED FOR TRANSLATION SERVICES	WHAT WERE THE LANGUAGE(S) USED BY THE TRANSLATORS?	

To be completed by DCY:

PO Number	Funding Source	Invoice Date	Vendor ID#	Address Code
Bill to:		Invoice Description:		
KID – Origin 345 DCY OSS Administration Department of Children & Youth				
PO Line Details		Vendor Remit to Address:		
Line #	Line Amounts:			
Total Invoice:				