Department of Education

Division of Financial Operations
Non Public School Payables
65 Court Street, Room 1001
Brooklyn, NY 11201

IDEA Request for Additional Funds ASEP 25

Approved Special Education Provider Information

IDEA Flow Through Section _____ SED Number: (12 digits) _____ Vendor Number: (9 digits) _____

ASEP Name : _____

Mailing Address: _____

Contact Person: _____

Telephone #: _____ E-mail Address: _____

Grant Year: _____

(a) Latest total budget approved _____

(b) Total payments received to date (Including carryover payments) _____

(c) Total cash expenditures to date _____

(d) Total cash expenditures anticipated for next period _____

(e) Additional funds can be requested up to the amount in line (d). However, it cannot exceed 25% of line (a) minus carryover paid. _____

Chief Administrators Certification

I herby certify that information provided is accurate and true.

Signature: _____ Date: _____

Name: _____ Title: _____

FOR DEPARTMENTAL USE ONLY

PO# _____ Voucher # _____ Payment $ _____

Approval _____ Date: _____

Reset Form