

Moravia Central School District
PO Box 1189

Moravia NY 13118

2021 – 2022 Accounts Payable Claim Form
Fingerprinting Reimbursement

Name _____ Date _____

Address _____

Social Security # _____

ATTESTATION: By signing this claim form, the employee asserts that the information provided is true to the best of his/her knowledge. The employee attests that this is a request for reimbursement of the fingerprinting fees, that he/she has not received previous reimbursement for this expense and will not seek reimbursement for this expense from any other source. You will need to provide proof of payment - the duplicate copy of your money order or certified check, copy of credit card statement, or TEACH payment receipt.

The Moravia Central School District will reimburse the fee for fingerprinting after completing five (5) working days of employment within one academic year and receiving conditional fingerprinting clearance from the NYS Education Department.

Fingerprinting fee to be reimbursed: \$ _____

Signature _____

Approved for Payment:
School Business Administrator _____

Date _____

Account Code: A.1430.400.00

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2021 - 2022

Fingerprinting Fee Waiver Application

The following income guidelines will be considered a hardship and will qualify the applicant for a fee waiver by the Moravia School District.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 23,828	\$ 1,986	\$ 993	\$ 917	\$ 459
2	\$ 32,227	\$ 2,686	\$ 1,343	\$ 1,240	\$ 620
3	\$ 40,626	\$ 3,386	\$ 1,693	\$ 1,563	\$ 782
4	\$ 49,025	\$ 4,086	\$ 2,043	\$ 1,886	\$ 943
5	\$ 57,424	\$ 4,786	\$ 2,393	\$ 2,209	\$ 1,105
6	\$ 65,823	\$ 5,486	\$ 2,743	\$ 2,532	\$ 1,266
7	\$ 74,222	\$ 6,186	\$ 3,093	\$ 2,855	\$ 1,428
8	\$ 82,621	\$ 6,886	\$ 3,443	\$ 3,178	\$ 1,589
*Each Add'l person add	\$ 8,399	\$ 700	\$ 350	\$ 324	\$ 162

Applicant Name _____

Household Income _____

Number in Household _____

I certify that the information I have provided is true and all income is reported. I understand the information is given in order for the Moravia Central school District to Waive the fingerprinting fee.

Signature _____ Date _____

Approved: Signature _____ Date _____
