

BEP-702 Reimbursement Request Form

Revised 09/24/2021



DIVISION OF BLIND SERVICES

Florida Department of Education | dbs.fldoe.org

Please type or print clearly all information requested below:

Operator Name:		Operator Company:		FEIN/FEID Number:	
Mailing Address:		City:		State:	Zip Code:
Phone Number:		Facility Number:		Region Number:	
Service Provider Name:					
Invoice Number(s):					
Equipment Tag Inventory Number(s):					
Total Reimbursement Amount:					
Proof of Payment: All financial institution documentation for proof of payment must show the source of the document's origination. It is the responsibility of the BEP Facility Operator to redact any financial information that is deemed unnecessary for reimbursement purposes.					
Reimbursement type of payment proof provided. Select one:					
<input type="checkbox"/> A receipt from the service provider for cash received, dated, and signed by the service provider					
<input type="checkbox"/> A copy of the canceled check (both front and back)					
<input type="checkbox"/> A copy of the bank, debit or credit statement with the appropriate payment highlighted					
<input type="checkbox"/> A copy of an electronic Funds Transfer (EFT) document showing that the funds have been transferred to the service provider					
I confirm with my signature that the required information on this form is correct, that the original invoice and proof of payment documents are attached.					
BEP Operator Signature:				Date Signed (mm/dd/yyyy):	
Send Reimbursement Request packet to: BBE.Reimbursements@dbs.fldoe.org					
Or mail to:	Department of Education (DBS) Division of Blind Services Office of the Comptroller, DBS Fiscal Section Suite 924, Turlington Building 325 West Gaines Street Tallahassee, FL 32399-04000				