

ESU #1 Carl Perkins Consortium

July 1, 2007 through June 30, 2008

REIMBURSEMENT REQUEST FORM

Request for Reimbursement must be submitted by FEBRUARY 1, 2008

District: _____

Educator Name: _____

Program Requesting Funds and Meeting Program Standards:

Agriculture

Business

Family & Consumer Sciences

Industrial Technology

Guidance

Briefly describe the project, as well as the resources and/or equipment, for which you are requesting reimbursement. **In addition, you must highlight connections to workplace readiness, 21st Century Skills and your district school improvement process.**

Reimbursement Request: \$ _____

*Invoices and Receipts must be ATTACHED to this completed sheet.

*Purchase orders and quotes WILL NOT BE ACCEPTED.

Make checks payable to: _____

Address: _____

City, State, Zip Code: _____

Telephone Numbers: _____

Educator's Signature

Administrator's Signature

School Coordinator's Signature

For ESU #1 Office Use Only

Amount Authorized: \$ _____ Code: _____ Date/Initial: _____

Amount Authorized: \$ _____ Code: _____ Date/Initial: _____

Amount Authorized: \$ _____ Code: _____ Date/Initial: _____

Return completed form and receipts to:

Rhonda Jindra, ESU #1

211 Tenth Street

Wakefield, NE 68784