**2017 - 18 CTEC Activity Outcome Report**



SCHOOL: TEACHER:

PROGRAM OF STUDY:

***REQUIRED: District Requests for Reimbursement will not be paid until this form is***

 ***received from the teacher. Please return this form to your district Business Manager.***

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| --- | --- | --- |
| Activity or Equipment Purchased: | Serial Number(s): | Location of items:(Specific building, room #) |
|  |  |  |
| How will this item or activity be used to enhance your Program of Study? What are the benefits for students? |
|  |
| Total number of students served or that will participate. |  | Special Populations: |  |

Teacher’s Signature): ­ Phone:

District CTE Representative’s Signature: Date:

