

**2017-18 PERKINS BASIC CONSORTIUM GRANT**

## **REQUEST FOR REIMBURSEMENT**

**Claim periods: December 15, 2017; March 16 and June 15, 2018**

**DISTRICT**

**ADDRESS**

**CITY, STATE, ZIP**

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**AMOUNT OF REIMURSEMENT CLAIM:**

* Only approved purchases will be reimbursed.
* Back up documentation must be attached to each claim form for audit purposes.
* An Activity Outcome Report completed by the teacher covering equipment/supply purchases and professional development activities must also accompany this Request for Reimbursement.

 Reimbursement should be submitted in this order:

1. Reimbursement Form
2. Back-up Documentation
3. Activity Outcome Report (completed by the teacher)

Submit “Request for Reimbursement” to Kristin Gunson, Regional Coordinator, Lane Education Service District, 1200 Highway 99 North, Eugene, OR 97402.

#  Superintendent or Designee’s Signature Date

#  Name of Individual Preparing Report Phone Number

**Questions? Please contact:**

**CTE Regional Coordinator,**

**Kristin Gunson**

**Phone: 541-461-8275**

**Email:** **kgunson@lesd.k12.or.us**

**FAX: 541-461-8297**