



**2021-22 PERKINS BASIC CONSORTIUM GRANT
REQUEST FOR REIMBURSEMENT**



Claim periods: December 10, 2021; March 11 and June 10, 2022

DISTRICT _____

ADDRESS _____

CITY, STATE, ZIP _____

AMOUNT OF REIMBURSEMENT CLAIM:

\$ _____

- *Only approved purchases will be reimbursed.*
- *Back up documentation must be attached to each claim form for audit purposes.*

Superintendent or Designee's Signature

Date

Name of Individual Preparing Report

Phone Number

Submit "Request for Reimbursement" to:
Email: kmayer@lesd.k12.or.us
Phone: 541-461-8333