



**2022-23 PERKINS BASIC CONSORTIUM GRANT  
REQUEST FOR REIMBURSEMENT**



**Claim periods: December 9, 2022; March 10 and June 9, 2023**

**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](mailto:kmayer@lesd.k12.or.us)**  
**Phone: 541-461-8333**