

**2014-15 PERKINS BASIC CONSORTIUM GRANT
REQUEST FOR REIMBURSEMENT**

Suggested Claim periods: Requests for Reimbursement can be submitted at any time (please claim often)

DISTRICT _____

ADDRESS _____

CITY, STATE, ZIP _____

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 filled out 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 (filled out 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**