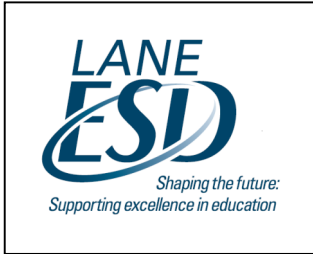


2009-10 Perkins Basic Request for Reimbursement



For Lane ESD Use Only	<i>Pay to:</i>					
			<i>Program</i>		<i>Acct</i>	<i>Amount</i>

SCHOOL: _____

APPROVED PROGRAM: _____

- Funds were used for: *(Receipts or back-up documentation must be attached)*

Amount of reimbursement request: \$

\$ Used for: (please check)	Brief Description:
<input type="checkbox"/>	Standards & Content
<input type="checkbox"/>	Alignment & Articulation
<input type="checkbox"/>	Accountability & Assessment
<input type="checkbox"/>	Student Support Services
<input type="checkbox"/>	Professional Development

- Reimbursement should be mailed to: *(Check one and furnish address below)*

School District Individual making application

Name: _____

Address: _____

City, State, ZIP _____

Name of person preparing form (please print): _____ Phone: _____

Signature of person preparing form: _____ Date: _____

*Building CTE Contact: _____ Date: _____

*Obtain this signature before submitting the form for reimbursement.

Kristin Gunson, CTE Regional Coordinator, Lane ESD

Lane ESD Staff Use Only

Basic _____

Reserve _____

Tracking # _____

Initials _____

Director _____