

# FY13 ELEMENTARY CAREER GRANT



## Activity Request Form

*NOTE: Prior to the event, use this form to request approval of reimbursement on field trips & career activities.*

Program/Classroom targeted for ECG Funds: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name & Address of School Requesting Reimbursement: \_\_\_\_\_

Name of Contact & Phone Number: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Billing Address: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Vendor Fax Number: \_\_\_\_\_

REIMBURSE TO:  Vendor  School District (Please check one)

Date of Activity	Activity/Description	Total Cost

**In order to justify allowable expenditures, an adequate explanation is required on each activity on how these activities assist you to reach the goals of the Elementary Career Grant.**

**Purpose/Intent of Activity:**

\_\_\_\_\_  
\_\_\_\_\_

**BUILDING PRINCIPAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(NOTE: Must be signed by Building Principal only, or form will be returned without approval. Principal's signature is assurance that funds are only expended for approved activities during the grant period.)

**RETURN REQUEST TO: Regional Office of Career & Technical Education (ROCTE)  
2450 Foundation Drive, Suite 100, Springfield, IL 62703-5431  
Ph: (217) 529-3716 / Fax: (217) 529-8361**

Request Approved:

Request Denied:  Reason for Denial - \_\_\_\_\_

Signature: \_\_\_\_\_  
Mary Jo Wood, ROCTE Director