

ELEMENTARY CAREER GRANT



Activity Request Form

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

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.

EXPLANATION:

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