



ELEMENTARY CAREER GRANT Activity Request Form

INSTRUCTIONS

Use this form to request reimbursement for field trips to career-related activities.

Approval by ROCTE must precede proposed event.

FORM RETURN INFORMATION

Regional Office of Career & Technical Education (ROCTE)

2201 Toronto Road, Room 283, Springfield, IL 62712-3808

Phone: (217) 529-3716

Email: elizabetht@rocte.com

Date of request _____ District _____

Name of School _____

Address of School _____, _____ ZIP _____

School contact _____

Contact Phone _____ Contact Email _____

REIMBURSE (Circle one)

Vendor

School District

Vendor Name _____

Vendor Billing _____

Vendor Phone _____ Vendor Email _____

Activity Date	Location of activity	Cost
Total Cost		

Please explain how the activity will assist you in reaching the goals of the Elementary Career Grant:

PRINT – Prin/Supt	SIGN – ROCTE will not process without signature	Date

----- ROCTE Use Only -----

Request **APPROVED**

Request **DENIED** Reason _____

Signature _____

Mary Jo Wood, ROCTE Director

Date