



# PROGRAM IMPROVEMENT 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 PROGRAM IMPROVEMENT 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