

DEMONSTRATION PROJECT FUNDS

REIMBURSEMENT CLAIM FORM

2007/2008 L.E.A.S.E. I.D.E.A. GRANT #4620

(Please complete a separate claim form for each event)

(Note: **DO NOT** attach documentation and receipts--maintain them at your district office.)

Name of Activity

Date of Activity

Description of Activity

Person(s) Attending

	Voucher/Check #	Cost
Professional Development Registration Fees	_____	\$ _____ -
Transportation	_____	\$ _____ -
Room	_____	\$ _____ -
Meals	_____	\$ _____ -
Cost for Substitute Teacher	_____	\$ _____ -
Speaker Costs		
Fees	_____	\$ _____ -
Travel	_____	\$ _____ -
Other	_____	\$ _____ -
Meeting Costs		
Refreshments	_____	\$ _____ -
Incentive Pay	_____	\$ _____ -
Purchases		
Inservice Supplies	_____	\$ _____ -
Instructional Materials	_____	\$ _____ -
Assessment Materials	_____	\$ _____ -
Equipment	_____	\$ _____ -

(specify)

TOTAL THIS CLAIM \$ _____

I certify that the services/items listed above were purchased and payments have been disbursed by this school district and that appropriate documentation/receipts are on file in this district office.

Name/Title of Person Completing This Form

Superintendent's Signature

District

Date

(FOR L.E.A.S.E. USE ONLY)	
1-4120-300-0-3	
_____ Approved	_____ Date
\$ _____	Discretionary
\$ _____	Inservice
\$ _____	Substitutes
\$ _____	Teaming
\$ _____	TOTAL