

SCHOOL YEAR: _____
BLOCK GRANT FUNDS REIMBURSEMENT CLAIM FORM
L.E.A.S.E. I.D.E.A. GRANT #4620

(Please complete a separate claim form for each event)

INSERVICE

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

Name of Activity (Activity must be related to special education) _____

Date of Activity _____

Description of Activity _____

Person(s) Attending _____

	Voucher/Check #	Cost
Registration Fees	_____	\$ _____ -
Transportation	_____	\$ _____ -
Room	_____	\$ _____ -
Meals	_____	\$ _____ -
Cost for Substitute Teacher	_____	\$ _____ -
Speaker Costs		
Fees	_____	\$ _____ -
Travel	_____	\$ _____ -
Other	_____	\$ _____ -
Meeting Costs		
Refreshments	_____	\$ _____ -
Incentive Pay	_____	\$ _____ -
Purchases		
Publications	_____	\$ _____ -
Subscriptions	_____	\$ _____ -
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	
_____ Approved	_____ Date
\$ _____ Amount To Be Paid	
1-4120-300-0-3	