

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

TEAMING

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

Reason for Meeting: _____

Date of Planning Meeting: _____

Pre-Authorization of use of Funds:

L.E.A.S.E. Coordinator or Building Principal Date

Names of staff attending the planning meeting and/or any substitute teachers utilized for which reimbursement is being requested. (please indicate)	Stipend (X)	Substitute (X)	Voucher/ Check #	Cost
_____	_____	_____	_____	\$ -
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-

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	
_____ <i>Approved</i>	_____ <i>Date</i>
\$ _____ <i>Amount To Be Paid</i>	
1-4120-300-0-3	