

## 2009-2010 GREAT RIVER PERKINS CONSORTIUM REIMBURSEMENT REQUEST FORM

DATE:	<b>Mail this form and attachments to:</b>
HIGH SCHOOL NAME:	<b>Julie Warner c/o Wright Technical Center</b>
DISTRICT #:	<b>P.O. Box 239 Buffalo, MN 55313</b>
NAME OF APPLICANT:	Must be submitted by the 20th of the month to be approved. Paid at WTC board meeting on 1st Tues of the following month.

**Provide a detailed description of the activity:**

### COST SUMMARY: MUST BE FILLED OUT COMPLETELY

Description of Item	# of Students	Grant Objective	Cost of Item	UFARS Code	These documents must be attached in order to process
			\$	110	Provide copy of timesheet or Approved PAR
			\$	140	Provide copy of timesheet or Approved PAR
			\$	145	Provide copy of timesheet or Approved PAR
			\$	165	Provide copy of timesheet or Approved PAR
			\$	170	Provide copy of timesheet or Approved PAR
			\$	185	Provide copy of timesheet or Approved PAR
			\$	210	Provide copy of timesheet or Approved PAR
			\$	214	Provide copy of timesheet or Approved PAR
			\$	218	Provide copy of timesheet or Approved PAR
			\$	220	Provide copy of timesheet or Approved PAR
			\$	304	Provide copies of Approved Invoice & Cancelled Check
			\$	329	Provide copies of Approved Invoice & Cancelled Check
			\$	360	Provide copies of Approved Invoice & Cancelled Check
			\$	366	Provide copies of Approved Invoice & Cancelled Check
			\$	368	Provide copies of Approved Invoice & Cancelled Check
			\$	401	Provide copies of Approved Invoice & Canceled check
			\$	430	Provide copies of Approved Invoice & Cancelled Check
			\$	460	Provide copies of Approved Invoice & Cancelled Check
			\$	530	Provide copies of Approved Invoice & Cancelled Check *MDE ok'd
			\$	555	Provide copies of Approved Invoice & Cancelled Check *MDE ok'd
			\$	820	Provide copies of Approved Invoice and Cancelled check
	<b>TOTAL</b>	<b>COST:</b>	\$		

**ALL REQUESTS ARE PAID TO APPLICANT'S SCHOOL DISTRICT**

PERKINS COORDINATOR SIGNATURE:

HS PRINCIPAL SIGNATURE:

JULIE WARNER'S SIGNATURE / DATE: