West-MEC

Invoice

Date Submitted : _____

Grow Your Own Grant Reimbursement

District: Deer Valley Unified _____ ☐ West-MEC Invoice completed and signed

High School: _____ ☐ Copy of receipt with total and/or invoice

CTE Program: _____ ☐ Copy of district purchase order

Program CIP Code: _____

Brief description of how monies will be used to support the program:

Grow Your Own Grant Reimb Request:

West-MEC will reimburse for the *Grow Your Own* program grant for those member districts who have submitted an application and been awarded a reimbursement allowance. Reimbursement is also predicated on participation of the Master Teacher and Intern in selected West-MEC Professional Development classes as specified in the application. Districts will be reimbursed at the rate of $100 per day for a 1.0 FTE intern. The purpose of the grant is to enable member districts to train CTE teachers. Documentation must be provided with this invoice (i.e. invoice, P.O., employee contract). Reimbursement will be paid upon receipt of required documents.

_____

Local Director Signature

For West-MEC USE ONLY

Date Received by West-MEC: _____ Ok to Pay _____

Amount Approved: _____ PO # _____

Approved by: _____ FY: _____