

**Invoice**

Industry Certification Grant Reimbursement

Date Submitted : \_\_\_\_\_

District: \_\_\_\_\_

 West-MEC Invoice completed and signed

High School: \_\_\_\_\_

 Copy of receipt or invoice

CTE Program: \_\_\_\_\_

 Copy of district purchase order

Program CIP Code: \_\_\_\_\_

**Description of Industry Certification Purchased:****Industry Certification Reimbursement Requested:**

West-MEC will reimburse for industry certifications only as outlined in the support instructions.  
Documentation must be provided with this invoice. (invoice, P.O., etc.)  
Reimbursements will be paid upon receipt and documentation received.

\_\_\_\_\_  
**Local Director Signature****For West-MEC USE ONLY**

Date Received by West-MEC: \_\_\_\_\_

Ok to Pay \_\_\_\_\_

Amount Approved: \_\_\_\_\_

PO # \_\_\_\_\_

Approved by: \_\_\_\_\_

FY: \_\_\_\_\_