

**Invoice**

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

Industry Aligned Equipment Grant Reimbursement

District: \_\_\_\_\_  West-MEC Invoice completed and signed  
High School: \_\_\_\_\_  Copy of equipment receipt with total and/or invoice

CTE Program: \_\_\_\_\_  Copy of district purchase order

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

**Description of Industry Aligned Equipment Purchased:**

**Industry Equip. Reimbursement Request:**

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

\_\_\_\_\_  
**Local Director Signature**

**For West-MEC USE ONLY**

Date Received by West-MEC: _____	Ok to Pay _____
Amount Approved: _____	PO # _____
Approved by: _____	FY: _____