

Invoice

Date Submitted : _____

Member District Additional Grant Reimbursement

**request for reimbursement must have been pre-approved by West-MEC Superintendent*

District: _____ West-MEC Invoice completed and signed

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

CTE Program: _____ Copy of district purchase order

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

Additional Grant Reimbursement Request:

West-MEC will reimburse for an additional grant to member districts who have submitted a grant application and have been awarded by the Superintendent, grant funds & reimbursement allowances by identifying grant goals, type of expenditures and goal attainment for a CTE expenditure to their district. 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: _____