Supplement to Claim for Reimbursement

CRACTC

128 Soo Line Dr,

Ste 102

Bismarck, ND 58501

Use for CRACTC Facilitator Reimbursement

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| School District/Institution and Address: **(example: Washburn – CRACTC)** |
| Facilitator Name | Service Area | Purpose | Amount |
| Examples:1. Brad Rinas
 | Examples:1. Facilitator for CRACTC courses
 | Examples (list courses being taken by local students):1. Intro to IT – Sem 1
2. Marketing I – Yearlong
3. Coding with Python – Sem 2

**ALL FORMS MUST BE SCANNED AND EMAILED TO** **LYLE.KRUEGER@K12.ND.US** **ON OR BEFORE MAY 31. THANK YOU!****PLEASE EMAIL TO LYLE.KRUEGER@K12.ND.US** | Examples ($1000 per semester allowed):1. $2000
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| I certify that the information submitted is factual, complete and can be substantiated with invoices on file in the clerk orbusiness manager’s office of this district/institution. Authorized Official Signature Date |