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**](mailto: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 |
| I certify that the information submitted is factual, complete and can be substantiated with invoices on file in the clerk or  business manager’s office of this district/institution.    Authorized Official Signature Date | | | |