

21st CCLC Reimbursement Request Form

Date: _____

District/Organization Name: _____

Schools/Sites Served: _____

Munis Project Number: _____

Amount Requested: \$_____

(Munis Project Report/Report of Expenditures must accompany reimbursement request and reflect amount requested)

Name/Phone Number: _____

(Name of person making request with phone number)

Request forms and munis project reports/report of expenditures may be emailed or faxed to Terry Vance at:

Email: terry.vance@education.ky.gov

Fax: (502) 564-0062

Have you included the following with this Reimbursement request – Please check:

- Detailed Munis Report
- Program Narrative/progress made toward goals & objectives identified in your grant
- Reimbursement Request Form

Unless or until you have all three items to submit together, do not submit reimbursement request form.

21st CCLC Project Director/Coordinator

Program Progress Narrative

Please discuss how you are making progress toward meeting the program goals and objectives?

Objective 1.

Objective 2.

Objective 3.

Accomplishments and Challenges: