REQUEST FOR FEE WAIVER REIMBURSEMENT
ALPINE SCHOOL DISTRICT

School _____ Date _____

Period Covered: First Semester _____ Second Semester _____ Year _____

Reimbursement for costs incurred through waiver of fees directly applicable to Alpine School District Career and Technical Educational Courses/Programs for economically disadvantaged students is requested as outlined below.

Program Area		Account Number	Amount *
6100	Agriculture		
6200	Marketing		
6300	Health Science & Technology		
6400	Family and Consumer Science		
6402	TLC FACS/HST		
6500	Business		
6501	TLC Business/Mkt		
6600	Technology Ed		
6603	TLC Technology Ed/Ag		
6700	Information Technology		
0000	Other (Describe)		
		Total	

I hereby certify that this claim accurately reflects expenses incurred by this school in the waiver of fees/costs for economically disadvantaged students. And that the costs were the result of those students' involvement in Alpine Career and Technical Courses/Programs.

Name _____ Signature _____ _____
Principal Principal Date

Name _____ Signature _____ _____
CTE Coordinator CTE Coordinator Date

APPROVAL: _____ _____
CTE Director Date

*** Use the second page of this form if reimbursing more than one account number in a program area.**

FORM CTE-009A (Continued)

Use this page if reimbursing more than one account number in a program area.

Account Number	Account Name	Amount
	Total	