

Payable To:

**RESPRO
GRANT ACTIVITY:**

*Continuous Improvement
Step by Step*

Data Analysis & School Improvement Planning

Standards Aligned Curriculum, Instruction, & Assessment

Teacher & Administrator Enhancement

Student, Family, & Community Involvement

Area III Regional Offices of Education

EXPENDITURE/REIMBURSEMENT REPORT

Building/District/ROE _____ Date _____

Contact Person _____ Phone _____

Title I ___ Yes ___ No **Building or District or Both**

BUILDING/DISTRICT: SIP Goal _____ Activity:

ROE: Activity/Date:

(Office Use Only)

Substitute Teachers: _____ days at \$ _____/day \$ _____

(Attach sign in sheet)

Stipend Expense: _____ hours at \$ _____/hour \$ _____

(Attach sign in sheet) (up to \$24/hr)

Date(s)

Consultant Fees/Expense: \$ _____

Name

Topic/Activity

Travel Expense (\$.405/mile) \$ _____

Lodging: Attach Bill \$ _____

Materials and Supplies: Attach Invoice(s) \$ _____

Registration Fee: \$ _____

Other:

Total: \$ _____

Building Signature: _____ Date _____

Please submit form to: Local Regional Office System of Support (RESPRO) Consultant *

* If Spfld #186 - submit 1 copy to Kathy Sanders