

PALOMAR COLLEGE CTE TRANSITIONS

MINI-GRANT REIMBURSEMENT REQUEST

Instructional Supplies

Date

High School Name

Amount of Request

Name of Requestor

Reimbursement Information:

Accounting Contact

Accounting
Contact Phone #

District Invoice # or
Reference

Payable to:
High School District

Payment address

I hereby certify that these expenditures comply with the instructional supplies guidelines, policies and procedures required by this high school district.

District Authorized
Signature (legible)

Palomar College Information

Amount Approved

Palomar Purchase
Order Number

CTE Transitions
Coordinator

Date:

Instructions:

1. Complete Section 1 and 2 above.
2. Required Documents (copies) must be attached to this form:
 - a. Invoice from vendor to high school.
 - b. Packing slip (if available) or proof of payment to vendor from high school.
3. All payments will be made directly to High School or High School District, please indicate correct payee in section 2. Form must be signed by authorized district employee.
4. Reimbursement request is due 30 days from date of receipt of items.

If you have further questions regarding reimbursement, Please call
(760) 744 1150 ext. 3047

Mail this form with required documentation to:

Palomar College CTE Transitions Program

1140 West Mission Road

San Marcos, CA 92069