

Franklin County Regional Delivery System Member District Supply Reimbursement Form

District: _____

Request Date: _____

Superintendent Name & Signature: _____

Print

Signature

<i>*Please attach a copy of receipt or invoice and district payment</i>					FCRDS Use Only		
Purchase Date	Vendor	CTE Program	Description	Amount	Perkins/CTEI	Account Number	FCRDS Amount Approved

Submit Reimbursement form and supporting documents to across@roe21.org

FCRDS Use Only

Reimbursement Reviewed By: _____

FCRDS Director Signature: _____

ROE#21, Superintendent Signature: _____

**Updated form as of FY24 (Previously known as the "green sheet"). This form can also be found on our website at www.roe21.org.*