

SKILL CERTIFICATION TEST REIMBURSEMENT REQUEST
ALPINE SCHOOL DISTRICT

School _____ Date _____

Period Covered: First Semester _____ Second Semester _____ Year _____

Reimbursement for costs incurred by Alpine Career and Technical Education students through SKILL CERTIFICATION testing is requested as outlined below:

Student Name	Program Area (i.e. ASE, Cosmetology, etc.)	Test Cost
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Total to be Reimbursed _____

I hereby certify that this claim accurately reflects expenses incurred by this school for SKILL CERTIFICATION testing for CTE students, and that the costs were the result of those students' involvement in Alpine Career and Technical Education Courses/Programs.

Name _____
(Principal)

Name _____
(CTE Coordinator)

Signature _____
(Principal)

Signature _____
(CTE Coordinator)

Date _____

Date _____

APPROVAL: _____
(CTE Director)

Date _____

Please designate on the rear (next page) of this form the account(s) you want reimbursed

FORM CTE-002A

FORM CTE-002A (continued)

Please provide the account number(s) you want reimbursed. If there are multiple accounts, list them and show the amount to go to each.

Account Number	Account Name	Amount
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***** YOU MUST ATTACH A COPY OF THE STUDENTS' CERTIFICATE INDICATING THAT HE/SHE SUCCESSFULLY PASSED THEIR SKILL CERTIFICATION EXAM. YOUR REQUEST CANNOT BE PROCESSED UNTIL ALL FORMS ARE INCLUDED.*****

FORM CTE-002A