



REQUEST FOR INTERIM REIMBURSEMENT
 DEPARTMENT OF CAREER AND TECHNICAL EDUCATION
 SFN 15251 (9-2019)

State Capitol 15th Floor
 600 E Blvd Ave Dept 270
 Bismarck ND 58505-0610
 Phone 701-328-3180
 Email cte@nd.gov

Requesting Agency	Title of Project/Program	Project/Program Number	
Address	City	State	ZIP Code
Reporting Period of Expenditures for this Request From: _____ To: _____ (Month/Day/Year) (Month/Day/Year)		Total Amount of CTE Funds Authorized for this Project	

STATUS OF FUNDS

A. Total CTE share of funds expended to date	\$
B. Total CTE funds received to date	\$
C. Total request for CTE funds for this period (line A minus line B)	\$
Comments	

I certify this request is correct and complete and that all expenditures have been approved on the Annual Plan.

Authorized Official Signature	Title	Date
Email Address		Telephone Number

STATE USE

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Supervisor	Date	Source
Comments			