** TITLE III PAYMENT REQUEST**

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| --- | --- | --- | --- |
| Date  |   | School Name  |   |
| Participant Name  |  |  | Daytime Phone  |  |
| School Address  |   |  | City State Zip  |  |
| Email Address  |  |  |

|  |  |
| --- | --- |
| Date(s) of Activity  |  |
|  | Activity Title and Location |
|     |   |

|  |  |
| --- | --- |
| Payee (above participant or vendor) Address, City, State, Zip **(Please include your personal address if reimbursing a teacher, not the school address)** |   |
| Total to be paid or reimbursed  |  |

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| The Title III Program requires that one day workshops and short-term conferences must be a part of an ongoing professional development program or plan. *Please explain this activity’s connection to your school’s program or plan.*  |
|       |

Participant Signature Date

Principal Signature Date