

Delabar CTE System

Building Today's Students Into Tomorrow's Workforce

932 Harrison St.

Galesburg, IL 61401

Phone 309.345.3828



SUB FEE REQUEST FORM FY 24

THIS BOX FOR DELABAR ADMIN USE ONLY:

ORDER DATE: _____

BUDGET ACCOUNT CODE: _____ PAYMENT AMOUNT: _____

ISSUE PAYMENT TO: _____

Instructions: Please complete and submit this form to the Delabar Office for prior approval.

Delabar will return the form when it has been approved or disapproved. **THE DISTRICT IS RESPONSIBLE FOR SENDING INVOICE TO DELABAR IN ORDER TO RECEIVE REIMBURSEMENT.**

DATE FILED:		NAME:	
DISTRICT:		PHONE:	
CTE PROGRAM:		EMAIL:	
DATE OF ACTIVITY:		ACTIVITY:	

Educator Signature: _____

Administrator Signature: _____

Prior Approval:

This request has been _____ **Approved** _____ **Denied**

If denied, reason: _____

Director Signature: _____ Date: _____

☐ Invoice Received - Date: _____

☐ Turned in to Bookkeeping for payment - Date: _____