CE-APP-236 (11-12)

Submit MONTHLY to the Arkansas State Apprenticeship Office (SAO)

TRADITIONAL APPRENTICESHIP RELATED CLASSROOM INSTRUCTION
REIMBURSEMENT REQUEST FORM

Program/Occupation/City: _____/_____/_____

Reporting for Month(s) and Year of: _____

Class # _____

LEA # _____

LEA #	Name of LEA	Name of Instructor(s)	Total Contact Hours	Hourly Rate (x times)	Reimburse-ment Amount
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
					$

ATTACH all applicable Traditional Apprenticeship Related Instruction - Attendance/Contact Hour Report(s) to this form, and send the entire packet to the State Apprenticeship Office, Department of Career Education, #3 Capitol Mall Little Rock, AR 72201-1083.

Reimbursement requests for fall classes are due in the SAO by January 16, 2012.
Reimbursement requests for spring classes are due in the SAO by June 7, 2012.
******** Funding shall be forfeited when reports are not received on time ********

Signatures signify accuracy and a request for reimbursement in accordance with the Traditional Apprenticeship Rules and Regulations.

Program Sponsor: _____ Date: _____

LEA Representative: _____ Date: _____

FOR STATE USE ONLY **FOR STATE STAMP ONLY**

I certify that these expenditures are approved for reimbursement:

_____ Date:_____
Program Manager, Apprenticeship

_____ Date:_____
Associate Director, Workforce Training