

**Professional Development Fund Grant**

**REIMBURSEMENT REQUEST FORM  
FUNDING SOURCE = WIOA Title II**

**Community Colleges & Workforce Development  
3225 25th St SE  
Salem, OR 97302**

Agreement#: \_\_\_\_\_  
Reporting Period: \_\_\_\_\_

DATE: \_\_\_\_\_

Community College: \_\_\_\_\_  
ABS Director: \_\_\_\_\_

**REIMBURSEMENT INFORMATION:**

Invoice requests will be submitted by grantee to the Higher Education Coordinating Commission (HECC) upon full execution of the contract and by October 30, 2020

**Please provide a description of the project activities completed to date.**

**Requested amount** \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Authorized Agency Official

Date: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please submit invoice by email to HECC.finance@HECC.Oregon.gov  
and CC HECC.absteam@HECC.Oregon.gov**