**Secondary Center Certification Reimbursement Request (OSD)**

**Secondary Career Center Name:**

**LEA:**

**Total Requested:**

**Total Approved:**

**Make Check Payable to:**

**Address:**

**Attention:**

**OSD USE ONLY:**

Approved by: Cody Waits, Director **or** Stephanie Isaacs, Associate Director

Office of Skills Development

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_