

**Utah State Office of Education
Special Education Services
Final Report/Invoice**

**SUBMIT WITHIN 30 DAYS OF COMPLETION OF ACTIVITY, BUT NO
LATER THAN JUNE 30, 20__
REIMBURSEMENT WILL NOT OCCUR WITHOUT INVOICE**

Date(s) of Activity:	Sponsoring Organization Address/Contact Person
Final Number of Participants by Role (i.e special education teachers/25; parents/25;etc)	
How Were Professional Development Areas From Proposal Addressed by This Activity:	
Amount of USOE Funds Requested for Reimbursement: (must not exceed 50% of activity costs)	
What Activity or Resources, if any, Are Available for Follow-Up For Participants:	
Description of Evaluation Data/Summary of Activity Outcome: (i.e. surveys, etc)	
Were There Training Aspects or Outcomes You Regard as Significant and Would Like to Highlight:	
Signature of Sponsoring Organization Contact	

Submit Invoice with Evaluation Data to:

(801) 538-7569

(801) 538-7791 (fax)

USOE

Attn: Sandra Cox, Financial Analyst

250 East 500 South

PO Box 144200

Salt Lake City, Utah 84114-4200