Grant Reimbursement Form

(Checks will be delivered to your school mailbox unless otherwise noted)

Pay to the order of: _____

Committee/Account: Teacher Gifted Grants

Amount of Check: _____ (up to $100.00)

Requested by/Signature: _____

Reviewed by /Signature: _____ - Treasurer

Date Submitted: _____

Please attach all receipts, use additional blank pages if needed. Receipts can be from multiple dates and/or retailers. Purchases for different purposes can be combined. Funds CANNOT be issued without proof of purchase.

All grant forms must be submitted prior to May 31st

Description:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

Check # _____ Date: _____ Recorded in Ledger: _____