



# STAFF GRANT REIMBURSEMENT FORM

Please complete this form and include your receipts with your submission.

Email your completed form to [treasurer@windhammainepta.org](mailto:treasurer@windhammainepta.org).

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Phone# or E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Explanation of Bill (List Each Receipt)	Amount \$

Total Amount of Requested Reimbursement: \$ \_\_\_\_\_

Signature of Person Submitting Request: \_\_\_\_\_

Address of where to mail check: \_\_\_\_\_

**Please DO NOT WRITE BELOW THIS LINE (Internal Use Only)**

Check Made Out To: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount:\$ \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_