



Educate, Connect, Inspire

## 2017 GRANT FORM Grants Reimbursement Request

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Item Name/Description	Amount	Expenditure
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount Requested		\$
<b>PAYMENT TO BE MADE TO:</b>		
School Name:		
Address:		
City:		
State:		
Zip:		
PO #:		

**\*\*Sponsoring institution(s) of grantee(s) accept tax implications of grant award.\*\***

Email this completed form along with scanned receipts to: [wcotta@masscue.org](mailto:wcotta@masscue.org)



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Treasurer's Notes:

Check # \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_