

# Partners in Education Grant Reimbursement Request Form

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Grant Proposal Title \_\_\_\_\_

Expense Description \_\_\_\_\_ Amount \_\_\_\_\_

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Total Amount Requested \_\_\_\_\_

Will there be any additional requests for reimbursement for this grant? If so, when do you anticipate making them? \_\_\_\_\_

Check one of the following:

Make check(s) payable to vendor (attach original invoice)

Make check(s) payable to grant recipient (attach receipts)

Attach all original invoices and receipts and mail to:

Vashon Partners in Education  
P.O. Box 1645  
Vashon, WA 98070  
Attn: Treasurer

Thank you. If you have any questions please contact Beth Kraabel, PIE Treasurer.

Phone: 463-0554  
eMail: [info@VashonPIE.org](mailto:info@VashonPIE.org)