

Partners in Education Grant Reimbursement Request Form

Your Name _____ Date _____

Address _____

Grant Proposal Title _____

Expense Description _____ Amount _____

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 Joanne Kicinski, PIE Treasurer.

Phone: 463-6422
eMail: treasurer@VashonPIE.org