

DISTRICT 39 EDUCATIONAL FOUNDATION
GRIPP GRANTS

PAYMENT/REIMBURSEMENT REQUEST

Grant title _____

Date of award _____ Amount of Award _____

Signature of person submitting request **date**

Title or position **phone number and email**

Please use back of form to itemize receipts. Attach all receipts to this form. Remember that sales tax will not be reimbursed.

PAYMENT INFORMATION:

Check should be made out to _____

Address _____

City, state, ZIP _____

Phone () _____

Please remember to also complete an evaluation form and mail to the same address.

Mail to:
District 39 Educational Foundation
Mikaelian Education Center
615 Locust Road
Wilmette, IL 60091
Attention: Gripp Grant Committee Chair

