

Grant Recipient Disbursement Form

Teacher:		
Contact Email:	Contact Phone#:	Dept/Bldg:
Grant Name:		
Submission Date:		

A. Purchase Reimbursement (for items already purchased)					
Vendor	Check Payable to:	Amount	Item(s)	Date Paid	Receipt Attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
For Office Use Only:		Date Issued:		Check #:	
		Date Issued:		Check #:	

B. Purchase Order (for items prior to purchase)					
Vendor	Check Payable to:	Amount	Item(s)	Date Needed	Order Form Attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
For Office Use Only:		Date Issued:		Check #:	
		Date Issued:		Check #:	

Foundation Contact Information: 651-0555; director@capecschools.org

Foundation President or Director's Signature: _____ Date: _____

Awarded
Prior
Balance
Paid
Remaining
Balance