

Reimbursement Form is due 30 days upon completion of your professional development opportunity.



Mount Vernon Public Schools
FOUNDATION

Judy Rich Professional Development Grant REIMBURSEMENT FORM

1. Please complete and submit this Reimbursement Form to receive reimbursement for your grant award.
Attach all receipts and proof of attendance.
2. Please mail or email to the Foundation within 30 days of completion of your professional development opportunity: Mount Vernon Public Schools Foundation
PO Box 2543, Mount Vernon, WA 98273
Email: president@supportmvschools.org
3. The Board requires proper evidence that the Foundation is reimbursing funds:
 - Only in the name of the Grantee;
 - Only for the designated 'Board Approved' use of funds.
4. An Evaluation Form for this grant must also be completed and submitted within 30 days.

Grantee: _____ **Date:** _____

School: _____ **School Address:** _____

Email Address: _____ **Phone:** _____

Grant Request Amount: \$ _____ **Date(s) of Program:** _____

Grant Title: _____

Receipt log:

Receipt	Vendor	Description	Amount
1			
2			
3			

The information and documentation provided is complete and accurate:

Grantee Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

MVPSF use only

Application#: _____ Amount(s) Funded: _____ Date(s) Funded: _____ Check(s) #: _____