*Please consult with your school’s purchasing administrator prior to purchasing the items awarded for your project.  These items may be available from a district-preferred vendor with reduced prices.*

## INSTRUCTIONS

### DIRECT REIMBURSEMENT:

1. If you have directly purchased your grant items, please print out and complete this form.  This form must accompany receipts for payment made directly to you.
2. Attach receipts, highlighting relevant reimbursement items and verifying that the amount matches the total requested on the form.
3. Please scan and email your receipts AND this reimbursement form to the Mini Grant Chair.  Email: ISCminigrants@gmail.com.
4. Please put in Subject:  ISC Mini Grant Reimbursement.
5. You may mail your receipts AND reimbursement form to the Mini Grants Chair at:

Laura Banchero, Mini Grants Chair, 126 Cynwyd Road, Bala Cynwyd, PA 19004

1. You MUST put your Grant Code in the reimbursement form.
2. Please do not put the form and receipts in LMSD interoffice mail.

### PURCHASED THROUGH LMSD PURCHASING:

If you have purchased your grant items through the LMSD Purchasing Department, follow district procedure for submitting receipts.  ***THEN you must email the MiniGrant Chair at ISCminigrants@gmail.com that you have gone through LMSD for fulfillment of your grant or we will not know that you have spent your funds.***Then the LMSD Purchasing Department will request payment from the ISC.

DATE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **GRANT CODE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

GRANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION of PURCHASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL REQUEST FOR PAYMENT $\_\_\_\_\_\_\_\_\_\_\_\_\_GRANT FUNDED FOR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER AND SCHOOL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed by ISC:***

***Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partial Payment?\_\_\_\_\_\_\_\_\_\_\_\_  Full Payment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email from Teacher\_\_\_\_\_\_\_ Purchasing\_\_\_\_\_\_\_\_***