

## Grant Recipient Disbursement Form

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

<b>A. Purchase Reimbursement (for items already purchased)</b>					
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"/>
Total		\$0.00			<input type="checkbox"/>
<b>For Office Use Only:</b>		<b>Date Issued:</b>		<b>Check #:</b>	
		<b>Date Issued:</b>		<b>Check #:</b>	

<b>B. Purchase Order (for items prior to purchase)</b>					
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"/>
Total		\$0.00			<input type="checkbox"/>
<b>For Office Use Only:</b>		<b>Date Issued:</b>		<b>Check #:</b>	
		<b>Date Issued:</b>		<b>Check #:</b>	

**Foundation Contact Information: [foundation@capetigers.com](mailto:foundation@capetigers.com) or 573-651-0555**

Foundation President or Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Awarded
Prior Balance
Paid
Remaining Balance