



## Grants Program

### Reimbursement Request Form

Name:

Grant Title:

Grant Type (Select One)

- Dr. Henry Kepner Long-Term Professional Development Grant (up to \$4000)
- Dr. Julie Stafford Professional Development Grant (up to \$1500)
- Jane Howell Professional Development Grant (up to \$1000)
- Jane Howell Grants for Wisconsin Teachers of Color – Affinity Space (up to \$2000)
- Jane Howell Grants for Wisconsin Teachers of Color – Workshop or Conference (up to \$2000)
- Materials/Resources Grant (Up to \$750)
- Student Activities Grant (up to \$500)

**Attach the following:**

- Copy of original budget request from grant application. **NOTE: Variation from the items in the budget request must be approved by WMEF prior to expenditure and subsequent reimbursement. All reimbursement requests must be submitted within one year of the grant approval.**
- Appropriate receipts
- Attach Final Report requirements as indicated for the type of grant
- Copy an additional Reimbursement Request Form if you have a second payee, such as your school district.

**Before receiving your reimbursement, you must communicate your results with the WMC membership and/or the greater mathematics education community.** The WMEF Committee would love to help share your ideas with other math educators. This might include creating a video, short article, or presentation at the WMC Annual Conference. It might even be two sentences that could be tweeted to math educators through WMC's Social Media Committee. We will work with you to create and share this message. Please contact your Grant Champion or [wmeff@wismath.org](mailto:wmeff@wismath.org) for support.

***In the space below***, describe how you have communicated about the grant you received and its results with WMC or the greater math education community? Please include any relevant evidence such as website, dates, etc.

## Budget Reimbursement Request

Item	Cost

**Total Reimbursement Requested: \$**

Date:

Signature:

**Make check payable to:**

**Mailing name and address to whom check should be sent**

**Email this form including scanned receipts to:**

[wnef@wismath.org](mailto:wnef@wismath.org)

or mail this form and receipts to:  
Doug Burge, WMC Financial Manager  
P.O. Box 130  
Holmen, WI 54636