



## Grant Reimbursement Form

Email or mail the following reimbursement form and the specific information outlined below to:

Email: <a href="mailto:wmef@wismath.org">wmef@wismath.org</a> Phone: 1-262-437-0174	Doug Burge, WMC Financial Manager P.O. Box 130 Holmen, WI 54636
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- Copy of original budget request from grant application<sup>1</sup>
- Appropriate receipts
- Attach Final Report requirements as indicated for the type of grant
- Copy of additional reimbursement request form if you have a second payee, such as your school district

Type of Grant Recieved – **Check one**

- Student Activities Grant (Up to \$500)
- Julie Stafford Professional Development Grant (Up to \$1,500)
- Materials/Resources Grant (Up to \$750)
- Dr. Henry Kepner Long-Term Professional Development Grant (Up to \$4000)

Primary Applicant's Name:

Make Check Payable To:

Check Mailing Addresss:

Item	Cost
<b>Total Reimbursement</b>	

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<sup>1</sup>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.