

**2007-2008
LWSF Grants
REQUEST FOR DISBURSEMENT OF FUNDS**



Date: _____ Grant #: _____ Total Granted Amount: \$ _____
 Grant Applicant's Name: _____ School _____
 E-mail Address: _____ Phone # _____

Check Request for Specific Vendors and Grant Expense Reimbursement:

Please complete the information below for each vendor/consultant being paid and all approved Grant expenses incurred. Invoices, Order Forms, and/or receipts for each amount must be attached. Vendor Tax ID Number ("TIN") is required for tax reporting purposes. Consultants will be required to provide a completed IRS W-9 form. Checks will be mailed directly to Vendor listed unless specified otherwise. Please allow two weeks for processing and mailing of checks.

NAME (Check made payable to)	ADDRESS (Check to be mailed to)	VENDOR TIN or CONSULTANT SSN*	DESCRIPTION OF APPROVED GRANTS EXPENSES INCURRED	AMOUNT REQUESTED
GRAND TOTAL of DISBURSEMENTS REQUESTED				\$
Requestor's Signature: _____				

IMPORTANT: Please do not use LWSD Purchase Orders except for busses. PLEASE BE SURE TO ATTACH RECEIPTS OR OTHER FORMS OF DOCUMENTATION TO VERIFY AMOUNTS REQUESTED. KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS.

***Social Security Numbers are not required if you are requesting a reimbursement of expenses.**

Please mail to "Foundation" via intra-district mail or FAX to 425-702-3449. Questions? 425-702-3414; foundation@lwsd.org