

2008-2009
LWSF Classroom & School Enrichment Grant
REQUEST FOR DISBURSEMENT OF FUNDS



ENRICH ENGAGE EMPOWER

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 LWSF Purchase Orders except for busses. Attach all receipts or other forms of documentation to verify reimbursement request. Keep copies of all documentation for your records.

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

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