

Duncan Public Schools Foundation

Grant Reimbursement Claim Form

Assigned Grant Number _____ Amount of Grant Awarded: \$ _____

Grant Name: _____

School/Teacher(s) Names: _____

Name/Vender/Date	Activity Fund P.O. or Description	Disbursement Dollar Amount	Other Information
Total Reimbursement Claim		\$ _____	

Instructions:

1. Complete this form to receive total reimbursement of a DPSF Grant Award.
2. List each invoice by date, activity fund purchase order or description, and dollar amount. Total all invoices and record the amount at the bottom of this form.
3. Attach a copy of each invoice to the claim form and submit to Glenda Cobb.
4. DPSF Treasurer will issue a check to reimburse the school activity fund for each individual grant award up to the dollar amount of the award.
5. Duplicate form as needed for the number of purchase orders.
6. Keep a copy for your records.

FOR DUNCAN PUBLIC SCHOOLS FOUNDATION USE ONLY:

DPSF TREASURER'S CHECK# _____ DATE OF CHECK: _____

AMOUNT: \$ _____

GRANT # _____

AMOUNT \$ _____