



GRANT REIMBURSEMENT REQUEST FORM

Today's Date: _____

Mail Check to: _____

Requestor's Name: _____

Email: _____

Phone: _____

Project Name: _____

Acct./Invoice #: _____

PROCEDURES:

- Fill out this form and sign.
- Scan a copy of invoice and/or sales receipts.
- Preference is for requestor to email this form and attach the supporting documentation mentioned above to grants@prof-fund.org If unable to email, then post mail form and supporting documentation to PROF at PO Box 248, Wexford, PA 15090
- Keep a copy of all documents for your own records.
- Contact grants chair at grants@prof-fund.org for any questions or issues on reimbursement that may arise.

Date of Purchase

Item Description/Vendor

Unit Cost

Total Cost

Date of Purchase	Item Description/Vendor	Unit Cost	Total Cost

Total Requested: _____

I certify that the expense listed above was incurred or is being requested for the purpose stated in the grant application for the project listed above.

Grant Recipient Name/Signature: _____

Date: _____

Approved:

PROF Grant Chair Signature: _____

Date: _____

PROF Treasurer Signature: _____

Date: _____