**2017-2018 Open Door Excellence in Education Grants**

**Request for Reimbursement/Disbursement**

**from a Foundation Project Fund\***

Name of Project School/Office

|  |  |
| --- | --- |
|  |  |

Name of Preparer *(Type)* Date Phone Number Email Address

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Briefly State the Reason/Purpose for the Disbursement:

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|  |

Amount requested $

Attach **original** receipts, invoices, quotes, purchase orders, etc. Sales tax will not be reimbursed.

**Note:** Final disbursements are due by the last Friday in May.

To be paid to *(Note: A separate disbursement form must be completed and submitted for each payee):*

Name of Business/School/Office to be paid: Phone Number

|  |  |
| --- | --- |
|  |  |

Address of Business/School/Office to be paid:

|  |
| --- |
|  |
|  |

All requests for disbursement must be signed by at least two authorized individuals, one being administrator/supervisor in charge.

Name *(Type)*  Title Signature Date

|  |  |  |  |
| --- | --- | --- | --- |
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**Mail to:** Ms. Deborah Phelps, Executive Director

The Education Foundation of Baltimore County Public Schools, Inc.

105 Chesapeake Ave, Suite B-1

Towson, Maryland 21204

**Foundation Headquarters use only:**

**Approved by:**

Name: Deborah S. Phelps \_\_\_\_ Signature:

Date Paid: Check #: Account #: Amount $