



SERF USE:
DATE REC'D: _____
GRANT ID#: _____

REQUEST FOR PAYMENT FORM

Print and Return

(Please use a separate form for each check requested.)

Name: _____

School: _____

Telephone: _____

Email Address: _____

Grant Title: _____

Amount requested: _____

Make check payable to: _____

Mail to (if different from above): _____

Requesting payment for (check one):

- | | |
|---|---|
| <input type="checkbox"/> Materials or equipment
<input type="checkbox"/> Other
Please Describe: _____ | <input type="checkbox"/> Conference fees
<input type="checkbox"/> Consultants fees |
|---|---|

Grant Obligations Status – Must be complete before reimbursement request are approved.

- Attached are receipts, purchase orders, and/or invoices.
- Testimonials or response by students and staff to the project have been sent to SERF Grant Administrator.
- Information about the grant received has been sent to class families via class newsletters etc. and copy sent to SERF Grant Administrator.
- Items purchased with grant funds have been labeled or tagged with SERF label.

Please mail to: P.O. Box 891, Sudbury, MA 01776 or email to: donations@serfsudbury.org

NOTE: Grant funds are reserved for one year from date of grant award, unless written request for an extension is submitted to grant administrator 30 days prior to expiration date.
Please allow 2 to 4 weeks for payment.