



Academic Magnet High School Partners in Education Funding/Reimbursement Request

Date: _____

Applicant: _____

Contact Number: _____ Email: _____

Total: \$ _____

If this is a request for reimbursement for previously approved expenses, please skip to item 5. **Receipts or invoices must be attached for payment to be issued.**

1) **Briefly describe your project/program, and how it will benefit the school and students.** *A description may be attached, if preferred.*

2) **How many students will benefit from this grant and what grades will be impacted?**

3) **If this is for a student club/activity, will the students participate in fundraising to help offset the requested amount? If so, please explain.**

4) **Please itemize the costs associated with the request:**

5) **Payment to be issued to:**

Name: _____

Mailing Address: _____

Signature of Applicant

Signature of Principal

For Committee Use Only

Date Approved: _____

Budget Category: _____

Date Paid: _____

Check Number: _____