



## GDEF GRANT REQUEST FOR PAYMENT FORM

Today's Date: \_\_\_\_\_

Grant ID: \_\_\_\_\_ Grant Title: \_\_\_\_\_

Name and Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail to (if different from above: \_\_\_\_\_

### Requesting Payment for:

Materials/Equipment \$ \_\_\_\_\_ Conference Fees \$ \_\_\_\_\_

Date Materials/Equipment received: \_\_\_\_\_

Consulting Fees \$ \_\_\_\_\_ Substitute Teacher \$ \_\_\_\_\_

Professional Dev. Fees \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Direct Teaching Time (for programs outside regular school hours) \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

(Provide Social Security/Tax ID number for 1099 purposes: \_\_\_\_\_)

**A GDEF grantee should use this form to request payment for expenses from GDEF. Attach receipts, purchase orders, and/or invoices when applicable. Return completed form to GDEF, Inc., P.O. Box 322, Groton, MA 01450. Allow 2 to 4 weeks for payment.**

### Grant Status (check one):

\_\_\_\_\_ I will not be submitting additional check requests. This grant is now complete.

\_\_\_\_\_ I will be submitting additional check requests. This grant is not complete.

Administration: Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_