

**West Windsor-Plainsboro Education Foundation
Grant Check Request Form**

Date of Request: _____

Amount Requested: \$ _____

Make Check Payable To: _____

Submitted by: _____
Name of Grantee

School: _____

Grant Title: _____

Grant Start Date (mo/yr): _____ Amount of Grant Awarded: \$ _____

Phone: _____ Email: _____

Signature: _____

Mail Check to: (Please attach self-addressed stamped envelope)

Explanation of expense (What did you buy? Please be specific):

Please submit check request, documentation & self addressed stamped envelope to the WWP Education Foundation:

via Inter-Office mail to: WW-P Education Foundation c/o Central Office
OR

via postal service: WW-P Education Foundation
P.O. Box 280
West Windsor, NJ 08550

Please keep a copy of completed form and receipts for your records

Need help or have any questions? Email info@WWPEducationFoundation.org

For Office Use Only:

Total Grant: \$ _____ Balance on grant: \$ _____ after payment

Approved by: _____

Check #: _____ Date: _____ Amt Paid: \$ _____

Grant period: _____ Budget Category: _____