

Gifted Education Advisory Council
GEAC Expense Reimbursement and Documentation Form

(Please keep a copy of any completed forms and receipts for your records!)

Today's date: _____

Name: _____

School/Grade: _____

Phone Number: _____

Email Address: _____

Postal Address (ONLY if requesting check be mailed to you):

All persons check one:

- I am requesting expense reimbursement.
(I spent my own money and need a reimbursement check from GEAC.)

 - I am submitting expense documentation.
(I have already received money from GEAC and am submitting receipts.)
- Please also return any unused funds.**

Teachers check one:

- These expenses pertain to Start of the Year grant funds I received.

- These expenses pertain to an application grant I was awarded. Grant # _____

- Other: _____

Expense Itemization (should match receipts attached):

Date of Expense	Vendor/Description	Amount
	TOTAL	

*****RECEIPTS FOR ALL EXPENSES SHOULD BE STAPLED TO THIS FORM*****

Please bring form and receipts to a GEAC meeting **OR** mail/interoffice form and receipts to:
GEAC c/o LWSD Quest Office
P.O. Box 97039
Redmond, WA 98073-9739

Questions? For grant expenses contact Gayle Shimokura, GEAC Grants, grants@lwsdgeac.org.
For board member/non-grant expenses contact Galeeb Kachra, GEAC Treasurer, treasurer@lwsdgeac.org.

GEAC Treasurer use only

Rev. 7/25/16

Date paid _____ Check number _____ Mailed: Y/N Notes: