

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): _____

<p>All persons check one:</p> <p><input type="checkbox"/> I am requesting expense reimbursement. (I spent my own money and need a reimbursement check from GEAC.)</p> <p><input type="checkbox"/> I am submitting expense documentation. (I have already received money from GEAC and am submitting receipts.)</p> <p><u>Please also return any unused funds.</u></p>	<p>Teachers check one:</p> <p><input type="checkbox"/> These expenses pertain to Start of the Year grant funds I received.</p> <p><input type="checkbox"/> These expenses pertain to an application grant I was awarded. Grant # _____</p> <p><input type="checkbox"/> Other: _____</p>
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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 LWS D 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: