

WOODWARD PUBLIC SCHOOLS EDUCATIONAL FOUNDATION

P.O. Box 1359
Woodward, Oklahoma 73802
(580) 256-6063

REIMBURSEMENT VOUCHER FOR GRANTS

Name of Grant: _____

Name of Recipient: _____

Address: _____

E-Mail Address: _____

Type of Grant:

Teacher Grant Staff
Development
Experts in Residence

Grant Period (add year):

Spring 20
Fall 20

Please mail or e-mail this form along with copies of paid invoices to:

Jana Walker
1210 19th Street
Woodward, OK 73801

Be sure that the items ordered match items approved in the grant. Receipts need to be an actual invoice that shows exact products ordered with all costs including shipping, handling and taxes.

****Submit reimbursements for by May 1st for spring grants and December 1st for Fall grants****

Grant Recipient Signature: _____ Date: _____