

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

(Please complete one form for each check needed.)

Date of Request: _____

Amount Requested: \$ _____

Make Check Payable To: _____

Submitted by: _____
Name of Grantee Title/Position

School: _____

Grant Title: _____

Grant Award Date or Grant cycle: _____ Grant Award Amt. \$ _____

Phone: _____ Email: _____

Signature: _____

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

Explanation of expense (What did you buy? Be specific): (Receipts or invoice must be attached):

Please submit TWO copies of check request, documentation & an addressed stamped envelope* to:

via Inter-Office Mail to: WW-P Education Fdn c/o Central Office
or
WW-P Education Foundation
PO Box 280,
Princeton Junction, NJ 08550-0280

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

Checks will be mailed to payee/vendor address listed above within 10 business days.

You MUST include a self addressed stamped envelope (* see above).

We cannot send checks via inter-office mail.

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

Thank you!

For Office Use Only:

Balance on grant: \$ _____ before payment. _____ Approval by ED

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

Grant period: _____ Budget Category: _____