



Mini-Grant Reimbursement Request Form

Your Name: _____

Date: _____

Project Name: _____

Project ID: _____

Please email form and receipts to the Foundation Treasurer Chris Bourassa -- finance@Valleyeef.org. Reference name of the approved grant in the Project Name.

Date	Item	Total
TOTAL		

Submitter (your)
signature/date: _____

Return check to: _____

Make the check
payable to: _____

VEEF Approval:	
Date Paid, Check #	