



2019-2020 Teacher Grant Program Reimbursement Request Form

The GHHS PTSA Teacher Grant program is a reimbursement program. Grant funds can be used for educational purposes or improvement of the teaching experience, but must ultimately benefit the students.

For the 2019-2020 school year, grants may be applied for individually (\$100 per teacher) OR as a department (# teachers in the department x \$100 = department allocation). Grants can also be a mix of department and individual purchases. If there are department allocated funds left, individual teachers can submit for the remaining department funds given the total amount doesn't exceed department allocations and has department chair approval. The PTSA will accept and payout grants until the line item in our budget has been depleted or we have reached our deadline listed below, whichever comes first.

To receive an individual grant, the individual teacher **must be a member of the GHHS PTSA**. To receive a departmental grant, each member of the department **must be a member of the GHHS PTSA**.

Follow the steps below to participate. Deadline for submission is **December 14, 2019**. **This deadline is firm and will not be extended.**

1. Purchase supplies/items with your own funds.
2. Complete this form and have department chair sign approval.
3. Attach original receipts. Note - do not use highlighter on the receipts.
4. Submit to GHHS PTSA Teacher Grant chairperson (Caroline Moakley or Colin Richardson).
5. Place completed request in the PSTA mailbox in teacher workroom. Your reimbursement check will be delivered to your GHHS mailbox.

Note: If you would like approval before you purchase item(s), please contact one of the GHHS PTSA Teacher Grant chairpersons or the treasurer (savandsri@gmail.com).

Name: _____ Date: _____ Amount: \$ _____

Email: _____ Department: _____

Department Chair Approval: _____ Date: _____

Teacher Rep Approval: _____ Date: _____

****** Attach Original Receipts *****

PTSA President or VP

PTSA Treasurer

Check# _____ \$ _____ Check Date _____

Budget Line: **Grants/Teacher**

Audit Committee Reviewed / Approved by initials: _____ Date: _____