



Gunn Parents' Community Service Boosters
780 Arastradero Road
Palo Alto, CA 94306

REQUEST FOR REIMBURSEMENT GUNN PARENTS' COMMUNITY SERVICE BOOSTERS MICRO GRANT PROGRAM

**Important: Please attach original receipts to this request form.
NO PAYMENTS will be issued without supporting documentation.**

Date:	
Amount Requested:	(Not to exceed \$200.00)
Budget Category:	Micro Grant Program
Item Description:	
Check payable to:	
Mailing address:	
Comments:	

Please send your request(s) for Gunn Parents' Community Service Boosters funds to:
Diane Downend, 153rd Street, Suite 101, Los Altos, CA 94022-2825
Checks will be mailed. Please allow at least two weeks for processing.

For Treasurer Use: Date received: _____ Check # _____ Amount: \$ _____