



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 \$300.00)
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:

Jennifer Sampson, President, Gunn Parents Community Service Boosters
449 Ferne Avenue, Palo Alto, CA 94306-4621

Checks will be mailed. Please allow at least two weeks for processing.

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