



Arts, Enrichment & Innovation (A, E & I) Grant Reimbursement Request Form for 2023-2024 School Year

School: _____	Grant #: _____	Name of Person Submitting Form: _____
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Instructions:

1. In order to pay for the awarded grant, the school office manager or accountant will pay the vendor or purchase the items using a school purchase order or school credit card. Bill the expense to GL code 10-1-02-DEPT-LL-58690-01-2700-XXXXXX. (DEPT is the School Department Code, LL is the School Location Code, and XXXXXX is the object code.)
2. If you are purchasing books or other items, we encourage you to make these purchases through our Amazon [Bellevue Schools Foundation Link](#) as BSF will receive a donation for a portion of the cost.
3. To receive the award funds from the Bellevue Schools Foundation, the office manager or accountant must submit this **Reimbursement Form as a Microsoft Word document** titled with the grant # and the name of the school and the name of the document (i.e., E-40 Ardmore Reimbursement Request.docx or S-05 Bellevue Reimbursement Request.docx).
4. Submit by email to grants@bsfdn.org any time after the school has paid for the project, but no later than **Friday, June 28, 2024**. Please use the grant # and school as the subject line of the email. (i.e., E-40 Ardmore or S-05 Bellevue) They are hard to find if they all come in titled "BSF Grant Reimbursement Form". **Please submit a separate form for each grant number.**
5. Attach PDF copies of all expenditure documentation such as vendor invoices, receipts, and/or BSD transportation bus charges, as proof of payment.
6. The Bellevue Schools Foundation will reimburse your school through the Bellevue School District Accounting Office. The Foundation cannot reimburse a BSD employee, the school PTSA, a volunteer, or the vendor but must reimburse BSD.
7. BSF cannot pay for teacher release time.
8. **THE PROJECT REPORT FOR THIS YEAR MUST BE RECEIVED BEFORE FOLLOWING YEAR APPLICATIONS WILL BE CONSIDERED.**



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9. Please fill out the chart below to request your project reimbursement.

Date of Service:	Description of Activity:	Vendor:	Amount:
		(Add rows if needed)	
Check will be made Payable to BSD to credit your Budget Code. Please fill in: 10-1-02- _____ - ____ - 58690-01-2700-XXXXXX DEPT - LL (DEPT is your Department Code and LL is your Location Code, XXXXXX is the object code.)		Total Expenditures (Attach Receipts)	\$
		Awarded Grant Amount Available	\$
		Amount to be Reimbursed (Must be equal to or less than grant.)	\$
		Amount of Grant Remaining	\$

THIS FORM MUST BE SUBMITTED BY FRIDAY, JUNE 28, 2024.

Late reports will be accepted only if prior arrangements are made with the Bellevue Schools Foundation.