Martin de Porres Foundation

APPROVED GRANTS
REIMBURSEMENT FORMS-1ST QUARTER

PARISH: _____ PHONE:_____
PASTOR:_____
PD/C/ARE:_____

NAME OF PROGRAM: _____

DATES: _____ LOCATION: _____

FEEDBACK ON PROGRAM

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IF THERE IS MORE THAN ONE STUDENT, PLEASE DUPLICATE THIS FORM
COPIES OF BILLS MUST BE ATTACHED

AMOUNT OF APPROVED GRANT $_____
AMOUNT REQUESTED: _$_____
SIGNATURE OF PASTOR: _____ DATE_____
SIGNATURE OF PD/C/ARE: _____ DATE_____

Please return this form to the Foundation
If you have any questions, feel free to contact Janell Lavender 267 398-2314