

Martin de Porres Foundation



APPROVED GRANTS

REIMBURSEMENT FORM – 1st, 2nd, 3rd, or 4th, QUARTER (Circle One)

PARISH: _____

PHONE: _____

PASTOR: _____

PD/C/ARE: _____

NAME OF PROGRAM: _____

DATES: _____ LOCATION: _____

FEEDBACK ON PROGRAM:

**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 questions, feel free to contact Janell Lavender at 267-398-2314

Catherine R. Hamilton
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