

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 by September 1, 2018.

**Catherine R. Hamilton
Martin de Porres Foundation
115 Bloomingdale Avenue
Wayne, Pennsylvania 19087 P 267-398-2314
www.martindeporresfoundation.org**