



Chapter Grant Request for Reimbursement

Fiscal year _____

Chapter: _____

President: _____

Email: _____

Chapters should use this form to submit expenses and documentation for grant activities paid for by chapters. Reimbursement checks will be paid to chapters only, not to individuals. Send this form with signatures, original receipts, proof of payment, and to the NADE **Vice President (vice-president@thenade.org)** within two weeks of activity or project completion. The NADE Vice-President will forward the confirmed *Chapter Grant Request for Reimbursement* to the NADE Treasurer for processing.

Event Date(s): _____

Type of Event (check one):

- Type A Grant:** Leadership Activity with NADE Current Board Members
- Type B Grant:** Special Project
- Type C Grant:** Certification Training
- Type D Grant:** Chapter President Support Funding for NADE Conference

<u>Paid To (vendor)</u>	<u>Payment For (item or service purchased)</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total	\$ _____
	Amount Requested	\$ _____
	Amount Approved	\$ _____

Pay to: CHAPTER TREASURER _____
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____