** TITLE IV PAYMENT REQUEST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date |  | School Name | |  | | |
| Participant Name | |  | |  | Daytime Phone |  |
| School Address | |  |  | | City State Zip |  |
| Email Address | |  | |  | | |

|  |  |
| --- | --- |
| Date(s) of Activity |  |
|  | Activity Title and Location |
|  |  |

|  |  |
| --- | --- |
| Payee (above participant or vendor) Address, City, State, Zip  **(Please include your personal address if reimbursing a teacher, not the school address)** |  |
| Total to be paid or reimbursed |  |

|  |
| --- |
| *Please explain this activity’s connection to your school’s program or plan.* |
|  |

Participant Signature Date

Principal Signature Date