** 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