



WSFEE

WESTERN SPRINGS FOUNDATION
FOR EDUCATIONAL EXCELLENCE

WSFEE GRANT REIMBURSEMENT VOUCHER

Request Date: _____ Amount: \$ _____

Grant Name: _____ Final invoice: Yes ____ No ____

Requested by: _____

Phone # _____ email: _____

Payable to: _____ Return check to District 101 office ____ or

Mail check to: _____

Payment for: _____

Send voucher and receipts to: Eric Walania
4711 Central Avenue
Western Springs, IL 60558

If you have any questions, please contact WSFEE Treasurer, Eric Walania at ericwalania@wsfee.org.

Grant #: _____ Check #: _____ Date: _____

Treasurer's approval: _____