

BCCHSEDFD File Number \_\_\_\_\_

**BETHESDA-CHEVY CHASE HIGH SCHOOL EDUCATIONAL FOUNDATION  
GRANT AWARD RECIPIENT  
REQUEST FOR REIMBURSEMENT OF EXPENSES**

**Important:** This form is for reimbursement of expenses for which a grant (other than for professional development) has been approved and awarded by the Foundation. To request reimbursement of Professional Development expenses, please use the Application for Professional Development Funds Statement of Expenses, available at <http://bccedfoundation.org>.

**Substantiation and receipts must be attached!**

Make two printed or digital copies of this form and all attachments.

Submit all original documents to the B-CC High School Business Office for review and payment. (Persons other than B-CC High School staff submit directly to the Foundation's Grant Administrator.)

Provide one complete copy to the Foundation's Grant Administrator, by email to [bcchsedfoundation@gmail.com](mailto:bcchsedfoundation@gmail.com) (with "Grant Reimbursement Request" in the subject line) or by leaving a copy in the Foundation's mailbox at B-CC High School. (If a copy is left in the Foundation's mailbox, please send an e-mail to the Grant Administrator to let him or her know.) Please keep the second copy for your records.

Deadlines for submission of this form and attachments (full-year programs are to submit expenses for each semester by the date indicated for that semester):

- Fall Semester Expenses: January 31
- Spring Semester Expenses: June 15
- Summer Program Expenses: August 15

**Failure to submit by the above deadlines may result in denial of your reimbursement.**

Name: \_\_\_\_\_

If funds are requested for compensation for MCPS staff time, the completed **MCPS Form 280-46** (Request for Payment to MCPS Employees for Personal Services) must be attached.

**Total Expenses from MCPS Form 280-46:** \$ \_\_\_\_\_

If funds are requested for out of area travel, the completed **MCPS Form 281-1** (Request/Accounting for Out of Area Travel Funds) must be attached.

**Total Expenses from MCPS Form 281-1:** \$ \_\_\_\_\_

**Items/Materials Not Included on Form 280-46 or Form 281-1**

Item	Date of Invoice/ Check	Name of Company	Description	Amount
				\$
				\$
				\$
				\$

**Total Expenses:** \$ \_\_\_\_\_

**I certify that the expenses represented by the invoices or documents attached and described above have been received or performed and have been fully paid for.**

\_\_\_\_\_  
Signature of Grant Award Recipient

\_\_\_\_\_  
Date