

WANDELL SCHOOL EDUCATION FOUNDATION

TEACHER MINI-GRANT REQUEST FORM

TEACHER/SPECIAL NAME _____ GRADE/SPECIAL _____

ITEM(S) REQUESTED: _____

PURPOSE: _____

ESTIMATED COST \$ _____
(Including tax, shipping, etc)

Once this document has been approved, you may submit your receipts for reimbursement to the Wandell School Education Foundation. A check will then be processed and made payable to you. Please attach additional documents if necessary

For office use only. Please do not write below this line

WANDELL SCHOOL

Approved Declined

Superintendent

Date

WANDELL SCHOOL FOUNDATION

Approved Declined

Foundation President

Date

Amount \$ _____ Check # _____ Date _____

Foundation President



Taxpayer ID
22-3126676

WANDELL SCHOOL EDUCATION FOUNDATION
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