



GRANT DISBURSEMENT

Laker Educational Foundation
www.lakerfoundation.org
952.226.0063

External Mailing
PO Box 840
Prior Lake, MN 55372

Internal Mailing
L.E.F. – District Services Center

Date: _____

_____	_____
Grant Number	Designated Contact Name
_____	_____
Grant Name	Phone
Reimbursement	_____
Advanced Payment Request	Email

	Building

Payable To: _____
Address: _____
City, State, Zip: _____ Phone: _____

- Instructions:**
1. Sales Slips and receipts must be attached for reimbursement.
 2. Designated contact must sign form to authorize payment.
 3. "Payable To" indicates to whom payment will be issued.
 4. Advance Payment Request only: The description must indicate to whom payment will be made. Designated grant contact must submit receipt when funds are dispersed.

Description	Amount
Total:	

For questions, please contact 952.226.0063.

Designated Grant Contact