Grant Disbursement

Prior Lake - Savage Area Educational Foundation
www.plsaef.org (952) 226-0063

External Mailing
P. O. Box 840
Prior Lake, MN 55372

Internal Mailing
PLSA Educational Foundation
District Service Center

Date_____

Grant Number _____ Designated Contact Name _____

Grant Name _____ Phone _____

☐ Reimbursement Email _____

☐ Advanced Payment Request 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. Advanced 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

For questions, please contact treasurer@plsaef.org

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Designated Grant Contact