

WINGS Grant Recipient Form

Please complete this form as soon as grant expenditure information becomes available.
Copy all paid receipts and attach to this form. Mail to:

WINGS
Teacher Grant Committee
220 Locust Street
Washington, MO 63090
* * *

TEACHER GRANT EXPENDITURES

Recipient's Name(s): _____

Project Title: _____

Amount Granted: _____ Date Awarded: _____

Today's Date: _____

Expenditures: (Please itemize)	Paid To:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use the reverse side if necessary) Total: _____

Are you/have you received funding for this project from any other source? Yes No

If yes, from: _____

WINGS funded projects are to be completed within one year. Upon completion, unused funds in excess of \$15.00 should be returned to WINGS.

**YOU MAY NOT BE ELIGIBLE FOR FUTURE GRANT CONSIDERATION
UNTIL ALL PAPERWORK IS COMPLETED!**

Thank you!