



**Request for Reimbursement**

**Gear Up Students! Program**  
**Sponsored by the Iowa West Foundation**  
**Administered by the Community Education Foundation, Inc.**

School District: \_\_\_\_\_

School Building Name: \_\_\_\_\_

Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Expenditure: \_\_\_\_\_

Original Allocation:	
Current Balance	
AMOUNT OF THIS EXPENDITURE:	
New Balance:	

Funds are to be used **directly for individual students in need**. Examples include: warm clothing, lice kits, prescription medications or eyeglasses, etc. Funds do not cover student fees or field trips.

**\*\*Funds should NOT be used for first aid items/nurse's supplies or other school equipment.**

Purpose of this expenditure (please be explicit in describing the expenditure in the space provided below without using the name of the recipient(s): **RECEIPTS ATTACHED:**


Administrator's Signature: \_\_\_\_\_

Please send to: Brenda Christensen, Administrative Manager, Community Education Foundation, Inc.,  
 300 W Broadway, Suite 212, Council Bluffs, IA 51503 (712)322-8800 Fax (712)322-8941