



If they will be participating, what have they chosen to do?

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Signature of other PSE president \_\_\_\_\_

Estimated amount activity will cost \_\_\_\_\_

Will you require an advance of funds? \_\_\_\_\_ How much ? \_\_\_\_\_

**Signature of two Chapter Executive Board Members:**

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Reviewed by Zone Director: \_\_\_\_\_

**If you have any questions, please contact your zone director.**

**CHAPTER GRANT  
REIMBURSEMENT REQUEST and FINAL REPORT**

**Give a brief description/summary of the impact or result of the grant activity you completed. In your opinion was it effective? Did it accomplish your goals?**

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**List each receipt you are requesting reimbursement for separately and attach.**

**Amount**

**Vendor**

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**Total Amount Requesting:** \_\_\_\_\_

**Issue check to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_