

YoungStar Micro-Grant Reimbursement Check Request				YoungStar Service Year: _____	
Complete this form and send it, along with all reimbursement documents, to: YoungStar Micro-Grants, Supporting Families Together Association 700 Rayovac Drive, Suite 6, Madison, WI 53711 Email: microgrants@supportingfamilies.together.org Fax: (608) 441-5399					
Program Name					
Provider & Location #				Preferred Method of Contact: <input type="checkbox"/> Email _____ <input type="checkbox"/> Phone number _____ Best time of day _____	
Program Contact Name					
Technical Consultant					
Language Preference		English Spanish Hmong Other: _____			
Make Check Payable to:			Check Mailing Address:		
Section I: Other—Improvements to the physical environment, accreditation fees, Registry certificates, other pre-approved purchases					
List Each Reimbursement Requested <i>(ex: Receipt 1—books from Amazon--\$103.60)</i>					
Receipt	Description				Amount Requested
1					
2					
3					
4					
5					
Total Reimbursement Amount					\$
Unaccepted Proofs of Payment: Handwritten documents, credit card statements, bank statements, order forms/online carts, check stubs or copies of the front only of a check.					
<input type="checkbox"/> I have been informed that my reimbursement check will come from Bill.com and that I may receive a confirmation email that my check is being processed. <div style="text-align: center; font-weight: bold; margin: 5px 0;">OR</div> <input type="checkbox"/> I would like to receive reimbursement via ACH. I have set up my free receivables account with Bill.com. Program Contact Signature _____ Date _____					
*Please keep a copy of this form and all supporting documents for your records.					
Receipt Checklist					
	Name of Vendor/Contractor	Date of Purchase	Description of Items or Services	Item Prices or Total	Shows Payment
Receipt #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II: Professional Development—conferences, trainings, or credit-based courses

Attach documentation for proof of payment and full attendance for each event. Use additional copies of this page if needed.

Accepted Proofs of Payment: Receipts or copies of the front and back of a check showing it cleared the bank.

Note: Reimbursement cannot be made for cancellations, no-shows, or partially attended events.

PD Reimbursement Event #1

Name of Event #1
(ex: Pyramid Model)

Choose only one type of verification for this event's attendance:

☐ Certificate(s)
of attendance

☐ Registry Event ID
(_____)

☐ Course transcript or
grade report

Name(s) of Attendee(s)

Amount Requested

PD Reimbursement Event #2

Name of Event #2

Choose only one type of verification for this event's attendance:

☐ Certificate(s)
of attendance

☐ Registry Event ID
(_____)

☐ Course transcript or
grade report

Name(s) of Attendee(s)

Amount Requested

PD Reimbursement Event #3

Name of Event #3

Choose only one type of verification for this event's attendance:

☐ Certificate(s)
of attendance

☐ Registry Event ID
(_____)

☐ Course transcript or
grade report

Name(s) of Attendee(s)

Amount Requested

☐ I have been informed that my reimbursement check will come from Bill.com and that I may receive a confirmation email that my check is being processed.

OR

☐ I would like to receive reimbursement via ACH. I have set up my free receivables account with Bill.com.

Program Contact Signature _____ Date _____

*Please keep a copy of this form and all supporting documents for your records.

PD Checklist

	Name of Event	Attendees Listed	Proof of Payment	Proof of Attendance
Event #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III: Staff/Substitute Time—for professional development, staff meetings, or planning time

Attach documentation for proof of payment and record time below. Staff or substitute must have already been paid for reimbursement to occur.

Accepted Proofs of Payment: Employee check stubs or copies of the front and back of checks showing they cleared the bank.

List Each Reimbursement Requested

(ex: Jane Doe—Pyramid Model training—24—*Jane Doe*--\$300)

(ex: John Smith—substitute for planning time—4—*John Smith*--\$62.50)

Staff or Sub Name	Description	Hours	Signature	Amount Requested

Total Reimbursement Amount \$

☐ I have been informed that my reimbursement check will come from Bill.com and that I may receive a confirmation email that my check is being processed.

OR

☐ I would like to receive reimbursement via ACH. I have set up my free receivables account with Bill.com.

Program Contact Signature_____Date_____

*Please keep a copy of this form and all supporting documents for your records.

Staff/Sub Time Checklist

Staff Listed	Staff Signed	Proof of Payment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>