

**NEF: NON-PERSONNEL GRANT DISBURSEMENT REQUEST FORM**

**Name of Project:** \_\_\_\_\_ **Project ID#:** \_\_\_\_\_

*This form may be used to request direct payment to a third party or to request reimbursement for approved expenses (include invoices, receipts and requisitions). Please fill out this form completely. Use additional paper if necessary. Attach receipts and mail to:*

Jason Berg, NEF Small Grants Administrator  
48 Dunphy Dr., Florence, MA 01062  
t. 413-563-0125  
[jasond413@comcast.net](mailto:jasond413@comcast.net)

**A. Consultant Fees:** *Please attach invoice and submit a completed I.R.S. Form W-9 (enclosed).*

<u>Name:</u>	<u>Rate/Day</u>	<u>#Days</u>	<u>Cost</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Total Consultant Cost:** \$ \_\_\_\_\_

**B. Transportation Costs:** *Describe and list total cost. Please attach invoice or School Department requisition form.*

\_\_\_\_\_  
\_\_\_\_\_

**Total Transportation Cost:** \$ \_\_\_\_\_

**C. Supplies** *(Subscriptions, materials, book, etc.) List each item, cost, and the supplier, if known. Please attach original invoice if payment is to be made directly, or receipts if request is for reimbursement.*

<u>ITEM/SUPPLIER:</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Supply Cost:** \$ \_\_\_\_\_

**SUBTOTAL THIS PAGE:** \$ \_\_\_\_\_

**SUBTOTAL FROM PAGE 1:** \$ \_\_\_\_\_

**D. Miscellaneous:** (Postage, printing, etc.) Please attach all invoices and/or receipts.

<u>ITEM:</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Miscellaneous Cost:** \$ \_\_\_\_\_

**E. Total Disbursements Requested on this form:** (add A thru D) \$ \_\_\_\_\_

**F. Check Disbursements:**

<u>Make Check Payable to:</u>	<u>Amount</u>	<u>Address (where to mail the check)</u>
1. _____	\$ _____	_____ _____
2. _____	\$ _____	_____ _____
3. _____	\$ _____	_____ _____
4. _____	\$ _____	_____ _____
5. _____	\$ _____	_____ _____
6. _____	\$ _____	_____ _____

**Total Checks:** (should equal E. above) \$ \_\_\_\_\_

**SIGNATURE OF GRANT LEAD CONTACT:** \_\_\_\_\_