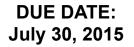
ILLINOIS STATE BOARD OF EDUCATION

Nutrition and Wellness Programs Division 100 North First Street, W-270 Springfield, Illinois 62777-0001 Fax: 217.524.6124



FY 2015 SCHOOL BREAKFAST PROGRAM EXPANSION GRANT CLAIM FOR REIMBURSEMENT

Directions: Please attach copies of invoices or receipts detailing expenses and submit form no later than **July 30, 2015**. Mail or fax to the information above, Attn: SBP Expansion Grant. You may also submit via e-mail to the attention of Shawn Backs at <u>sbacks@isbe.net</u>. **Please note: Only one Claim for Reimbursement per district should be submitted for the grant**.

DISTRICT/SCHOOL FOOD AUTHORITY

REGION, COUNTY, DISTRICT, TYPE CODE/AGREEMENT NUMBER

SUBMITTED BY	E-MAIL	TELEPHONE (Include Area Code)

Date	Printed Name District Superintendent/	Original Signature District Superintendent/
	Authorized Representative	Authorized Representative

SITE NAME	ITEM(s) PURCHASED (Must match items in approval letter)	INVOICE AMOUNT*
TOTAL FUNDS REQUESTED		

*Use whole dollars only. Omit dollar signs, commas, and decimal places, e.g. 2536