

ILLINOIS STATE BOARD OF EDUCATION

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

DUE DATE:
July 30, 2015

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 sbacks@isbe.net. **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/
Authorized Representative_____
Original Signature District Superintendent/
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**