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|  |
| Name of State Association |
|  |
| Name and Title (Association Position) of Person Completing Reimbursement Request  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount approved by SEATA** |  |  |  |
| Basic Grant | $ |  |  |  |  |
| Basic Grant Plus Matching | $ |  | Amount raised by State Association (attach documentation(s) | $ |  |
| Discretionary/Emergency | $ |  |  |  |  |
| **TOTAL AMOUNT:** | $ |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| PLEASE COMPLETE | President | Treasurer |
| Name: |  |  |
| Phone (cell): |  |  |
| Email:  |  |  |
| Address: |  |  |
| City: |  |  |
| State: |  |  |
| Zip: |  |  |
| Please identify where to send approved funds/check to: |  |

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| **Please explain/describe the uses of these funds.** |

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| 1. Use of Funds –Legislative goals and specific details as to how funds were used.
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|  |  |
| 1. Impact of Funds –Legislative impact as a result of grant funds.
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