The Winchester Foundation
FOR EDUCATIONAL EXCELLENCE

EXPENSE FORM

Name: _____ Date _____

Phone: _____ Email_____

Project Name: _____

School: _____

Total Amount Awarded: _____

ITEM	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL:_____

I certify that all appropriate receipts are included and the above accounting is correct.

Signature: _____

The Winchester Foundation for Educational Excellence, P.O. Box 1005, Winchester, MA 01890
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