

**ILLINOIS STATE BOARD OF EDUCATION
 Nutrition Programs Division
 100 North First Street, W-270
 Springfield, Illinois 62777-0001**

Please Note: Only one Claim for Reimbursement per district should be submitted for the grant.

**FY 2010 National School Lunch Program Equipment Assistance Grant
 Claim for Reimbursement
 DUE DATE: AUGUST 31, 2010**

DISTRICT NAME AND NUMBER/SPONSOR NAME	REGION, COUNTY DISTRICT, TYPE CODE/AGREEMENT NUMBER
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SUBMITTED BY:

NAME OF DISTRICT SUPERINTENDENT/ADMINISTRATOR	TITLE
_____	_____
Date	Signature of District Superintendent/Administrator

SITE NUMBER	SITE NAME	EQUIPMENT PURCHASED	INVOICE AMOUNT
TOTAL FUNDS REQUESTED			

Once complete, attach copies of invoices or receipts detailing expenses and submit no later than August 31, 2010, to:

**ILLINOIS STATE BOARD OF EDUCATION
 Nutrition Programs Division
 ATTN: NSLP Equipment Assistance Grant
 100 North First Street, W-270
 Springfield, IL 62777-0001**