



Default Prevention Grant Request for Reimbursement for Expenses Paid – SFY 2017

Institution name _____

Period _____, SFY 2017 (July 1, 2016 – June 30, 2017)

Per agreement, attach documentation supporting payment.	Amount
Staff salaries and wages	
Staff training, travel, meals, and per diem	
Equipment purchases	
Materials and office supplies	
Consultants, servicers, and contracts	
Software	
Postage	
Printing and copying	
Phone charges	
Student seminars and focus groups	
Other (define) _____	
Total	

Signature _____ Date _____

Title _____ Phone number _____

For MDHE Default Prevention Staff Only

Marilyn Landrum, Student Assistance Associate for Default Prevention Date _____