



Gill-Montague Education Fund

Supporting Excellence & Innovation in our Schools

2024 – 2025 Request for Payment

Date_____

Name of Grant_____

Person requesting payment_____

School/Building_____

Amount_____

Pay to the order of: _____

By what date does this payment need to be made: _____

How does the payment need to be made?

☐ mail --- must provide stamped self-address envelope

☐ Inter-school mail to: _____

Please return this form to Carol Gloski at cjgloski@comcast.net

GMEF use only

Date Received_____ Date accomplished_____

Grant _____ Check # _____

Comments: _____

Signature: _____