



## CHAPTER ASSISTANCE FUNDING ASSESSMENT FORM

**TO BE COMPLETED AT THE CONCLUSION OF YOUR PROJECT**

CHAPTER \_\_\_\_\_ DATE \_\_\_\_\_

Person completing application \_\_\_\_\_

Address \_\_\_\_\_

Chapter Position \_\_\_\_\_ Email \_\_\_\_\_

1. Briefly describe the activity that your Chapter was able to pursue because of this financial assistance.
2. How many members /potential members benefitted from this activity? Please describe how your chapter, how IEA-Retired and how NEA-Retired benefitted from this activity.
3. What is the amount of funding for which you are requesting reimbursement? \$\_\_\_\_\_.
4. Please attach the list of participants (the sign-in sheet will suffice). This is necessary for any activity in which meals/food was provided.

**SEND ONE COPY OF THIS FORM ALONG WITH THE ATTACHED VOUCHER AND ORIGINAL RECEIPTS  
TO THE SECRETARY/TREASURER OF THE IEA-RETIRED COUNCIL:**

Michelle Deets, 9 Burdick Creek Road, Collinsville, IL 62234

Contact Michelle with questions: email - [michelledets@idta.org](mailto:michelledets@idta.org) / phone - 618-520-8345

**THE COMPLETED FORM, VOUCHER AND ORIGINAL RECEIPTS FOR ALL EXPENDITURES  
MUST BE SUBMITTED **WITHIN 60 DAYS OF APPROVAL** IN ORDER TO RECEIVE  
REIMBURSEMENT.**