

**2009 TEACHER QUALITY PARTNERSHIP GRANT PROGRAM
CONNECTICUT DEPARTMENT OF HIGHER EDUCATION**

CASH REQUEST

Grantee _____

Project Title _____ Grant Amount _____

Request Period (check one): May-July 2009 March-July 2010
 Aug-Oct 2009 August 2010
 Nov 2009-Feb 2010

STATUS OF CASH

- A. Cash received to date (from beginning of grant period) _____
- B. Less Expenditures to date (from Expenditure Reporting Form, Column B) _____
- C. Cash on hand (A minus B) +or- _____
- D. Anticipated expenditures through end of **THIS REQUEST PERIOD ONLY** _____
- E. Cash requested to meet anticipated expenditures through end of **THIS REQUEST PERIOD** (D minus C) _____

Remit payment to the following address:

Street _____

City _____ Connecticut Zip Code: _____

Grantee Certification: I certify that the above request is a best estimate and is consistent with the terms of the agreement.

Name _____ Title _____

Signature _____ Date _____

Telephone _____ Email _____

For questions regarding this form, please contact Constance Fraser at (860)947-1801 or cfraser@ctdhe.org.

Please email or mail this form with an **Expenditure Report Form** to:

CT Department of Higher Education
Attn: Constance Fraser, Director
Teacher Quality Partnership Grant Program
61 Woodland Street, 3rd Floor
Hartford, CT 06105-2326