



Student-to-Student (STS) Program of Matching Grants 2010-11 Payment Claim Form

1755 Lake Cook Road
Deerfield, IL 60015-5209
866.247.2172 (toll free)
schoolservices@isac.org

I. School Name: _____

II. Term: Check (☑) the term for which this claim is being filed:

Summer Session
(Claim due 10/15/10)

1st Quarter/1st Semester
(Claim due 2/15/11)

2nd Quarter
(Claim due 4/15/11)

2nd Semester/3rd Quarter
(Claim due 6/15/11)

III. **Payment Request:** If this is an institution's first claim, a letter explaining how general student approval was obtained, how funds were collected, the steps employed to ensure that student contributions were voluntary, and documentation that the claim includes only voluntary contributions by enrolled students must be on file before the first claim will be processed.

a. Gross Contributions:		\$
b. Less:		_____
- Deductions for graduate students.	\$	_____
- Adjustments for refunds, non-student contributions and administrative expenses:	+ \$	_____
Total Deductions:	\$	- _____
c. Net contributions for match (line a minus line b):		\$ _____
d. Claim for matching funds (Line d should be the same amount as line c. Explain if different):		\$ _____

IV. **Certification:** On behalf of the above named institution, I hereby submit a claim for matching funds under the Student-to-Student (STS) Program of Matching Grants. I certify that all program rules are being followed. I understand that failure to follow any rule may result in rejection of all or part of this claim, or a refund to the State in the claim amount received. I understand that if the total of eligible claims exceeds the available appropriated dollars, ISAC will prorate the final round of payment claims. I also understand that claims paid by ISAC to the institution and institutional authorized disbursements from the fund are subject to audit by ISAC.

Signature of College/University Representative

Date

ISAC USE ONLY

Date Received: _____ Approved for _____ % matching Approved for payment of \$ _____

Authorized Signature: _____ Approved for Payment on: _____