



Schoodic Arts for All Reimbursement Request Out of Pocket

I have paid this and am requesting reimbursement for expenses related to MHTL.

Please make check payable to:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

EXPENSES: Please submit this form within 30 days of incurred expense.

Date	Explanation of Expense	Category or Program	Amount
		MHTL	
		MHTL	
		MHTL	
		MHTL	
		MHTL	
Total Reimbursement Amount			\$

Please attach original receipts.

Signature: of person requesting reimbursement _____

Date: _____

**** Please Note: All expenses \$500 or greater must be approved by the board.**

Approved by: _____ Date: _____

Board

Approved by: _____ Date: _____

Executive Director