



Educate, Connect, Inspire

MassCUE Inc.
Grants Reimbursement Request Form

Requested by: _____ Date: _____

Item Name/Description	Amount	Expenditure
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount Requested		\$

PAYMENT TO BE MADE TO:

School Name:
Address:
City:
State:
Zip:

PO #:

--Sponsoring institution(s) of grantee(s) accept tax implications of grant award.--
E-Mail completed form along with scanned receipts to: grants@masscue.org

Treasurer's Notes:

Check # _____

Date _____

Amount \$ _____