**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 $ \_\_\_\_\_\_\_\_