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