



REIMBURSEMENT REQUEST FORM

Name:		Date(s):	
Address:		City:	
State:		Zip:	
Phone:		E-mail	
Make Check Payable to:			

General Budget

<u>Category</u>	<u>Description</u>	<u>Amount</u>
Board Functions/Admin.		\$
Grants		\$
Membership		\$
Newsletter		\$
Telephone		\$
Website		\$
Board Meeting Expenses		\$
Public Relations/Outreach		\$
Donations/Scholarships		\$
Parent Network		\$

General Expenses/Other		\$
	TOTAL:	\$

RISE Conference

<u>Category</u>	<u>Description</u>	<u>Amount</u>
Conference Program		\$
Conference Printing		\$
Exhibits		\$
Hospitality		\$
Lunch		\$
Registration		\$
Snacks + Amenities		\$
Site Usage/Staff		\$
Speaker		\$
Supplies		\$
Other		\$
	TOTAL:	\$
	GRAND TOTAL:	\$
Send completed form and receipts to: Paul Thompson PO BOX 493 Mayfield, KY 42066-0493		
Signature:		