MassCUE

SIG Reimbursement Request Form

Requested by: _________________________________  Date: _________________________
Name of SIG: ______________________________________________________________

RECEIPTS ARE REQUIRED

Receipts must be attached for all expenditures listed below.

<table>
<thead>
<tr>
<th>Account</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Refreshments</td>
<td>$</td>
</tr>
<tr>
<td>Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Total Amount Requested</td>
<td>$</td>
</tr>
</tbody>
</table>

*Refreshments for meetings would cover beverages and light snacks. Any other expenses should be pre-approved by the SIG Chair

PAYMENT TO BE MADE TO:

Name: ________________________________
Address: ______________________________
City: ________________ State: _______ Zip: _______

Approved by: ________________________________

SIG Chair

**Email completed form along with receipts to kmcgrath@masscue.org**