



**NORTH CAROLINA
HUMANITIES
COUNCIL**

MANY STORIES, ONE PEOPLE

Request for Reimbursement

Please allow three weeks to process your reimbursement request. Note that the final report be submitted to online before the request can be processed.

Print Project Director Name:		Today's Date:
Program Dates:	Location:	Program:
Meals (attach receipts*)		Total
*Breakfast		\$
*Lunch		\$
*Dinner		\$
*Other		\$
Total Reimbursement Requested		\$
Maximum Reimbursement Allotted		\$
Less Adjustment (Council Use ONLY)		\$
Payee Information		
Make Check Payable to:		
Send to the Attention of:		Phone:
Mailing Street Address:		
City:	State:	Zip:
Certification		
I certify that the amounts shown above was expended for North Carolina Humanities Council program as indicated.		
<hr/> Project Director (Sign – Do Not Type)		