



Request for Reimbursement

Please allow three weeks to process your reimbursement request.

Print Project Director Name:		Today's Date:
Program Dates:	Location:	Purpose of Expenses:
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		
<p>I certify that the amounts shown above was expended for the North Carolina Humanities Council program (Veterans Reading Group or Literature and Medicine Series) as indicated.</p>		
<p>_____</p> <p>Project Director (Sign – Do Not Type)</p>		