

Reimbursement Request Form/Check Request Form

Please indicate below what type of request you need:

_____ Reimbursement Request _____ Check Request

Date: _____

Name: _____

Address: _____

Your Current NER Position: _____

Budgeted Line Item to be Used: _____

(Original Receipts Are Needed For All Reimbursements)

* Note: All requests are subject to the approval of the Executive Board of the NER-AMTA prior to payment. Requests should be submitted prior to the quarterly business meeting following the transaction.

Date	Paid to Whom	Description of Item	Amount

**Please return the completed form to:
Adrienne Flight MMT, MT-BC
117 Pembroke St Unit 1
Boston MA 02118
(857) 891-2299**