

## Reimbursement Request Form/Check Request Form

Please indicate below what type of request you need:

\_\_\_\_\_ Reimbursement Request      \_\_\_\_\_ Check Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email 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. Please complete all sections of the form and staple receipts/invoices to this form. Make sure that amounts listed on the receipts match amounts written on this form.

Date	Paid to Whom	Description of Item	Amount
TOTAL: \$			

Please return the completed form to:  
Rebekah DeMieri, MT-BC  
88 Queens Ave  
Stratford, CT 06614  
(860) 917-3971  
[treasurer@musictherapynewengland.org](mailto:treasurer@musictherapynewengland.org)