

## Educational Stipend Reimbursement Request Form

*A Project of the Tennessee Council on Developmental Disabilities and UCP of Middle Tennessee*

Name of individual or organization to whom reimbursement check should be made: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Disability(ies) Served: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_ Location of Conference: \_\_\_\_\_

Number of People the Grant Paid for: Adults (over 18): \_\_\_\_\_ Children (18 and under) \_\_\_\_\_

### Expenses

*Attach all receipts for hotel, air fare, registration, gas purchases, odometer records, meals, etc. Full documentation of actual expense is required in order to receive your reimbursement.*

<i>Item</i>	<i>Amount Approved (enter item detail if specified by the Council)</i>	<i>Reimbursement Requested</i>
Registration Fees		
Transportation Fare or Gasoline (attach gas receipts and mileage description)		
Meals		
Lodging		
Other (attach receipts and description)		
Speaker Fee		
<b>Total Expense Approved.</b> <i>This is the total grant amount specified in your letter from the Council.</i>		
<b>Total Reimbursement Requested:</b>		

*Please note that reimbursements do not include alcohol, automobile parts, repairs, souvenirs, etc.*

I hereby certify that the above is a true and accurate statement of expenses incurred as a result of an approved stipend letter issued by the Tennessee Council on Developmental Disabilities and the individual or organization named above is eligible to receive payment as specified above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_