**2023-2024**

**Training/Event Reimbursement Form**

**(to be used for requesting funds not granted in your AmeriCorps budget)**

|  |  |
| --- | --- |
| **DATE SUBMITTED:** | |
|  | |
| **A. ORGANIZATION CONTACT INFORMATION** | | | | | | | | | |
| **Organization Name:** | | | | | | | **Contact Name:** | | |
|  | | | | | | |  | | |
| **Contact’s Phone Number:** | | | | **Contact’s E-mail Address:** | | | | | |
|  | | | |  | | | | | |
| **B. EVENT/TRAINING** | | | | | | | | | |
| **Date(s) of Event/Training:** | | **Location(s) of Event/Training:** | | | | | | **Number of Participants** | |
|  | |  | | | | | |  | |
|  | |  | | | | | |  | |
|  | |  | | | | | |  | |
|  | |  | | | | | |  | |
| **Brief Description of Event/Training** | | | | | | | | | |
|  | | | | | | | | | |
| **C. EXPENSES** | | | | | | | | | |
|  | | | **Qty** | | **Unit Price** | | **Total Price** | | **Actual Costs to be Approved** |
| **Event/Training:** | | |  | | **$** | | **$** | | **$** |
| **Lodging:** | | |  | | **$** | | **$** | | **$** |
| **Meals:** | | |  | | **$** | | **$** | | **$** |
| **Mileage:** | | |  | | **$** | | **$** | | **$** |
| **Supplies** | | |  | | **$** | | **$** | | **$** |
| **Other:** | | |  | | **$** | | **$** | | **$** |
| **Other:** | | |  | | **$** | | **$** | | **$** |
| **Other:** | | |  | | **$** | | **$** | | **$** |
| **TOTALS** | | | | | | |  | | **$** |
| **D. CERTIFICATION** | | | | | | | | | |
| ***By signing below, you certify on behalf of your organization that the information above is true and accurate, and that you have read and understand that reimbursement of these funds is a one-time disbursement. It is also understood that the Missouri Community Service Commission (MCSC) reserves the right to reject all requests in whole or part. By signing this form, you also certify that you have read and understand the 2021 General Grant Terms and Conditions (effective June 21, 2021). Therefore, submitting false information is a violation of the regulations and could result in recourse.*** | | | | | | | | | |
| **Authorized Signature of Organization Requesting Reimbursement:** | | | | | | **Date:** | | | |
| **Authorized Signature of MCSC Staff Authorizing Reimbursement:** | | | | | | **Date:** | | | |