



M♥RE

Motivational Recovery Environments, Inc.
Reimbursement Request

Name of person requesting reimbursement: Click or tap here to enter text.
Date of Request: Click or tap to enter a date.
Did you obtain prior written approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so by whom? Click or tap here to enter text.

PROGRAM	CATEGORY
<input type="checkbox"/> Camp Adventure	
<input type="checkbox"/> Saddle Rock Ranch	
<input type="checkbox"/> Hope for Johnathon	
<input type="checkbox"/> MORE University	
<input type="checkbox"/> KiDS NEED MORE (General)	
<input type="checkbox"/> Other Specify: Click or tap here to enter text.	
EVENT	
<input type="checkbox"/> Cold Finger Run	
<input type="checkbox"/> Party for Life	
<input type="checkbox"/> Robert "Appo" Lodato Memorial Outing	
<input type="checkbox"/> Yankees Opening Day Experience	
<input type="checkbox"/> Other Specify: Click or tap here to enter text.	

ITEM(S)	AMOUNT \$
	\$
	\$
	\$
	\$
	\$

TOTAL Requested Reimbursement: Click or tap here to enter text.
* Please attach receipt(s) to document for reimbursement.

----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY-----			
Approved on:		Check Number:	
By:		Check Amount:	