## **KIDS NEED MORE**

PO Box 305

Copiague, NY 11726 Phone: (631) 608-3135 Fax: (631) 532-4944

Email: info@kidsneedmore.org



## **KiDS NEED MORE Reimbursement Request Form**

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

Address:			
City/State/Zip:			
Did you obtain pri	ior approval?	If so by whom?	
	EX	PENSES:	
Date	Explanation of Expense	Program/Category	Amount
TOTAL Requested F	Reimbursement:		
* Ple	ease attach receipt(s)	to complete reimbursen	nent request *
FOR OFFICE USE	ONLY FOR OFFIC	E USE ONLY FOR OF	FICE USE ONLY
Approval Date:		Check Number:	
Approved By:		Check Amount:	