



# THE MASSACHUSETTS CHILD

## Grant Reimbursement Form

Date \_\_\_\_\_

Local Association \_\_\_\_\_

Local Contact \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Home email \_\_\_\_\_

Work phone \_\_\_\_\_ Work email \_\_\_\_\_

**Total amount of:**

Grant approval: \_\_\_\_\_

Summary of expenditures (Please attach original receipts and/or photocopies of both sides of cancelled checks.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Association President Signature: \_\_\_\_\_  
*\*President's signature is required for reimbursement.*

**Mail to:** The Massachusetts Child  
MTA Division of Communications  
20 Ashburton Place  
Boston, MA 02108  
617.878.8265 or 800.392.6175