INVOICE

MO CIT MINI GRANT REIMBURSEMENT		PLEASE SUBMIT WITHIN 30 DAYS OF EXPENDITURES	
NAME OF COUNCIL: Contact Information (name, email, phone number of person requesting reimbursement): Address of where reimbursement check should be sent:	LOCAL CIT COUNCIL NAME STREET CITY, STATE, ZIP ATTN:	TO:	**Missouri Coalition for Community Behavioral Healthcare** Attn: Kimberly Hicks 221 Metro Drive, Suite A Jefferson City, MO 65109 573.634.4626 ext. 105

DATE	DESCRIPTION	TOTAL
7/1/2018	49 participants or less $30 per day daily stipend	
	30 participants total $30 per day times 5 days (Basic CIT)	$150
8/1/2018	50 participants or more $50 per day daily stipend	
	60 participants total $50 per day times 2 days (Advanced CIT)	$100
	SAMPLE	
	TOTAL	$250