

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):	PAYABLE TO: 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	
Address of where reimbursement check should be sent:				

DATE	DESCRIPTION	TOTAL
7/1/2020	Advanced CIT Stipend (8-hour course)	
	Date(s) of course	\$150
8/1/2020	Local Council CIT Banquet	
	Date of Banquet - attach banquet program	\$500
	SAMPLE	
	\$650	