**Reimbursement/Check Request**

* Please attach applicable back up (receipts/invoices/contracts) to this form.
* Check the appropriate budget allocation and give brief description of expense.
* Forward this form and back up to the Treasurer, Nes Correnti, 17 Ward Street, Hingham, MA 02043. Allow seven days for reimbursement or bill payment.
* Please e-mail nescorrenti@yahoo.com or southshoreunitycouncil@gmail.com if you have any questions.

Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Made Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization (select one):**

\_\_\_\_ Cohasset Diversity Committee

\_\_\_\_ Hanover Unity Council

\_\_\_\_ Hingham Unity Council

\_\_\_\_ South Shore Unity Council

\_\_\_\_ Weymouth WISE

\_\_\_\_ Other

|  |  |
| --- | --- |
| Brief Description of Expense: |  |
| Date of Request: |  |
| Amount (less sales tax): | $ |