

Region V Systems

**PREVENTION MINI-GRANT
EXPENSE REIMBURSEMENT REQUEST**

Applicant Group:

Program/Activity:

(One program/activity per request form)

| Description | Grant Amount Awarded (A) | Expense Reimbursement Request (B) |
|---|---|--|
| Lodging and/or Facility Rental | | |
| Printing and/or Materials | | |
| Speaker's Mileage and/or Fee/Honorarium | | |
| Promotional | | |
| Training Costs | | |
| Child Care | | |
| Other | | |
| Total Program/Activity | | |

- (A) Amount Approved in Mini-Grant Budget
- (B) Actual expenses with invoices, or copies of canceled checks attached

Reimbursement checks will be payable to your sponsoring non-profit organization.

Mail Check To: _____
 (Please Complete) _____

| | |
|---|-------|
| REGION V USE ONLY – Verified by: | |
| _____ | _____ |
| Prevention Director | Date |

(See Reverse)

Activity: _____

What happened (summarize the event): _____

How many people attended: _____

What worked: _____

What didn't work: _____

What improvements could be made: _____

Mail completed form to:

Region V Systems
1645 'N' Street
Lincoln, NE 68508

Submitted by: _____

Phone: _____

Date: _____