

# KTP COALITION REIMBURSEMENT REQUEST

**NOTE: WRITTEN PREAPPROVAL AND DOCUMENTATION OF EXPENSES REQUIRED FOR REIMBURSEMENT. CHECKS WILL BE ISSUED BY MAIL AFTER THE EVENT. EMAIL REQUESTS TO: [keepthepromise@namict.org](mailto:keepthepromise@namict.org), or FAX TO: 860-882-0240.**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EVENT ATTENDING: \_\_\_\_\_ DATE(S): \_\_\_\_\_

BUS/VAN RENTAL: \_\_\_\_\_ (ATTACH RECEIPT)

COMING FROM: \_\_\_\_\_

GOING TO: \_\_\_\_\_

TOTAL MILEAGE: \_\_\_\_\_ X .55 = TOTAL: \_\_\_\_\_

CHILD/FAMILY CARE COSTS\*: \_\_\_\_\_ NO. OF HOURS: \_\_\_\_\_

NAME/ADDRESS/PHONE OF CARE PROVIDER: \_\_\_\_\_

\_\_\_\_\_  
*(Please provide a statement/bill signed by care provider to confirm)*

\*Child/Family care costs capped at \$8.00 per hour, for a total of 4 hours, not to exceed \$32 total.

**THE COALITON WILL CONFIRM REIMBURSEMENT PREAPPROVAL AS FUNDS ALLOW. YOU WILL NEED TO PROVIDE RECEIPTS TO THE COORDINATOR AND A REIMBURSEMENT CHECK WILL BE ISSUED AFTER THE EVENT.**

QUESTIONS? PLEASE CALL 860-882-0236, OR TOLL FREE AT 1-800-215-3021.

APPLICANT'S SIGNATURE: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

KTP COORDINATOR

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_