



National
Multiple Sclerosis
Society
Greater
New England
Chapter

**SELF-HELP GROUP REIMBURSEMENT VOUCHER
PLEASE PRINT ALL RESPONSES**

SELF-HELP GROUP NAME: _____

PERSON TO WHOM THE REIMBURSEMENT CHECK IS TO BE MADE PAYABLE:

NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

REIMBURSEMENT DIRECTIONS:

1. Receipts must be attached for all expense items.
2. Examples of covered expenses include: meals or food, printing, copying, postage, paper and other supplies. Excluded expenses include speaker fees, room rental charges, and alcoholic beverages.
3. Each affiliated self-help group will be reimbursed for covered expense up to **\$150** during FY 2012 (October 1, 2011 to September 30, 2012). Please note, this amount may change from FY to FY.
4. Reimbursement is available as funds last.
5. Receipts submitted after September 27 will be charged against the group budget of the new fiscal year.

Explanation of Expenses: _____

Total amount requested: \$ _____

Self-Help Group Leader Name: _____

Self-Help Group Leader Signature: _____

PLEASE RETURN THIS FORM WITH RECEIPTS TO:

Community Program Manager
NMSS, Greater New England Chapter
101A First Avenue, Suite 6, Waltham, Massachusetts 02451