

# Horace Mann Reimbursement Form

Requested by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Fundraiser/Committee/Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

Check Payable To: \_\_\_\_\_

Check Amount:

\_\_\_\_\_

**Please attach bill/receipts/invoice to reimbursement form.  
All reimbursement checks will be left with Mrs. Jeffrey for pickup.**

**Thank You,  
Kim Botthof  
781-662-6902**